

Therapy Goals Worksheet

Basic Information			
First Name	Last Name	Date of Birth	Gender
Describe the problem/issue(s) that brought you to this therapy			
Therapy Goals			
List the goals that you would like to work on during the therapy sessions			
Goal 1			
Describe your goal			
Describe the steps you can take to achieve this goal			
Describe how your life will change, if this goal is achieved			
On a scale of 1-10, how far are you along the journey of achieving this goal			
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Not Achieved —————→ Moderately Achieved —————→ Completely Achieved			

Basic Information

First Name

Last Name

Date of Birth

Gender

Therapy Goals (Continued)

Goal 2

Describe your goal

Describe the steps you can take to achieve this goal

Describe how your life will change, if this goal is achieved

On a scale of 1-10, how far are you along the journey of achieving this goal

0 1 2 3 4 5 6 7 8 9 10
Not Achieved —————→ Moderately Achieved —————→ Completely Achieved

Goal 3

Describe your goal

Describe the steps you can take to achieve this goal

Describe how your life will change, if this goal is achieved

On a scale of 1-10, how far are you along the journey of achieving this goal

0 1 2 3 4 5 6 7 8 9 10
Not Achieved —————→ Moderately Achieved —————→ Completely Achieved