

Therapy Termination Worksheet

Client Name	Date of Birth	Date
1. What positive changes have you noticed in your life?		
2. What are some of the most significant impacts these changes have had on your life?		
3. What have you learned or accomplished?		
4. What has been the most meaningful or valuable part of therapy to you?		
5. What do you want to remember most from therapy?		
6. How do you think you will look back on our work?		
7. How will you use what you have learned?		
8. What thoughts do you have about our therapy sessions ending?		
9. Do you have any concerns about ending therapy?		
10. How do you feel you will handle our therapy sessions ending?		