

DATE: _____

CLIENT NAME(S):

_____, _____,
_____, _____

COUNSELING / THERAPY GOALS

1. List 3 goals that you would like to be working on, and how you might like your counselor / therapist to provide support?

a. _____

b. _____

c. _____

2. What steps could you take to support these goals?

3. What strengths can you identify in yourself that will support you in accomplishing these goals?

4. Are you having any specific challenges that might impair your ability to work towards your stated goals?

Client Signature(s): _____, _____,

_____, _____

Clinician Signature: _____

Date: _____