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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: \_\_\_\_\_

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