Getting What You Want From Therapy

Name: _____ Date: _____

Specific goal:

_____

_____

_____

_____

How will you know when this goal has been met?

_____

_____

_____

_____

Reason(s) this goal is important:

_____

_____

_____

_____

To Be Completed With Therapist

Actions required to achieve goal:	Approximate date to begin:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is it: □ Enjoyable □ Exiting and □ Ethical

Resources you need to reach this goal:

_____

_____

_____

_____

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