

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			
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 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			