Therapy Termination Worksheet

| Clien Name | | Date of Birth | Date |
|------------|--|---------------|------|
| 1 | What were your goals when you first started therapy? | | |
| 2 | How have you progressed towards these goals? What accomplishments are you proud of? | | |
| 3 | What coping strategies or techniques have you learned? | | |
| 4 | What resources (books, exercises, etc.) have been most helpful? | | |
| 5 | How will you maintain the progress you've made in therapy? | | |
| 6 | What steps can you take if you start to feel like you're slipping back into old patterns? | | |
| 7 | What are some key achievements from your time in therapy? | | |
| 8 | What are you grateful for in your therapy experience? | | |
| 9 | Is there anything you want to say to your therapist as therapy ends? | | |
| 10 | How was your experience with the therapist? What worked well, and what could have been better? | | |