

Goal Setting

General Goal:	
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Please draw a vertical line at the position on this scale to indicate the degree to which your general goal is **currently** achieved.

0 _____ 100

Not at all achieved Completely achieved

Your Treatment Plan:	
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By signing this form, I agree to the above outlined treatment plan. This will involve participating in weekly therapy sessions and regular completion of tasks outside the session. If either client or therapist is concerned about the progress of therapy, the concerned party will address the issue in-session as soon as possible.

Client Signature: _____ Therapist Signature: _____

Date: _____

Date: _____