



CLIENT GOALS

Client: _____

First Session Date: _____

Counsellor: Marvin Vandenhoeck

GOAL:

How often do you feel you achieving your goal?

Starting Date:

- 0 1 2 3 4 5 6 7 8 9 10

Desired:

- 0 1 2 3 4 5 6 7 8 9 10

MID Date:

- 0 1 2 3 4 5 6 7 8 9 10

Completion Date:

- 0 1 2 3 4 5 6 7 8 9 10

How will you know you are moving towards this goal?

What might you be doing differently? What changes might others notice?

What steps will you take to move toward this goal?

How might you sabotage yourself in achieving this goal?

Initial:
Date: