

## **Goal Setting**

General Goal:		
Please draw a vertical line at the position on this scale to indicate the degree to which your general goal is <b>currently</b> achieved.		
0 Not at all achieved	100 Completely achieved	
Your Treatment Plan:		

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:

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