COUNSELING GOALS

Student ___________________________  Walk-In Counselor ______________________

Please bring this completed goal form with you to your first appointment with your assigned counselor ______________________ on ____________

ame  date

1. Briefly describe why you came to the Counseling Center ____________________________

__________

__________

2. In what ways are your problems affecting your life in and out of school? ____________

__________

__________

3. a) What situations or events, currently or in the past, do you think are contributing to your current problem/issue? ____________________________

__________

__________

b) What other individuals, currently or in the past, do you think are contributing to your current problem/issue? ____________________________

__________

__________

c) In what ways do you believe you may be contributing to your problem/issue?

__________

__________

4. As a result of counseling, how would you like to experience change in terms of:

   a) how you feel ____________________________

   _________

   _________

   b) your thoughts ____________________________

   _________

   _________

   c) your behaviors ____________________________

   _________

   _________

5. What aspect of your problem/issue should be the primary focus of counseling? _________

__________

__________