

# SMART GOALS WORKSHEET

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Therapist Name: \_\_\_\_\_ Session \_\_\_\_\_

## THERAPY GOAL STATEMENT

What is one key area you want to improve or work on during therapy?

## SMART GOAL BREAKDOWN

- Specific goals for physical health (exercise, diet, sleep, etc.)

<b>S – Specific</b>	
<b>M – Measurable</b>	
<b>A – Achievable</b>	
<b>R – Relevant</b>	
<b>T – Time-Bound</b>	

## STEPS I WILL TAKE

- Step1:
- Step2:

## COPING STRATEGIES TO SUPPORT THIS GOAL

- Goals related to family, friends, or social life.

## REFLECTION AFTER PROGRESS REVIEW

- How do I feel about my progress? What adjustments do I need to make?