

# SMART GOALS WORKSHEET



Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Name: \_\_\_\_\_ Session #: \_\_\_\_\_

Goal Overview:

S – Specific

What exactly do you want to accomplish?

M – Measurable

How will progress be tracked or success recognized?

A – Achievable

Is this goal realistic for you at this time? What support or tools will you need?

R – Relevant

Why is this goal meaningful or important in your life right now?

T – Time-Bound

What is your deadline for this goal? Will you set checkpoints to monitor progress?

Steps Toward My Goal & Review