

# COUNSELING GOALS

Student \_\_\_\_\_ Walk-In Counselor \_\_\_\_\_

**Please bring this completed goal form with you to your first appointment with your assigned counselor \_\_\_\_\_ on \_\_\_\_\_**  
name 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_