

SMART Goals Plan

Client Name:

Date:

Therapist:

Session:

OVERARCHING FOCUS

What is the main focus, goal, or primary focus to be addressed in therapy?

S-SPECIFIC

What is the clients specifical goal they want to achieve? (Focus on observable behaviors, thoughts, or actions).

M-MEASURABLE

How will we track progress? (e.g., frequency, duration, symptom scale 1-10, tracking journal).

A - ACHIEVABLE (& ACTION-ORIENTED)

What small, realistic steps are needed? What coping tools or resources will support this?

SMART Goals Plan

R - RELEVANT

Why is this goal important to client? How does this align with the client's core values and overall wellness?

T - TIME-BOUND

What is the timeframe for this goal? When is our next check-in or target completion date?

Target Date: _____ Next Review Date: _____

Notes:

POTENTIAL BARRIERS & PIVOT PLAN

If obstacles arise, how will we adjust?

Client Signature:

Date:

Therapist Signature:

Date: