

NAME:

DATE:

COUNSELING PREP FORM

To get the most from your counseling session, please complete this form and bring it to your next session.

MOVING FORWARD: What I've focused on since our last session is . . .

CELEBRATION: What's working . . .

IN PROCESS: What I didn't focus on and still intend to is . . .

CHALLENGES:

OPPORTUNITIES:

AGENDA: My intention for this appointment is . . .

GRATITUDE: What I'm grateful for is . . .