**My SMART Goals**

**Name: Date:**

**Specific Is the goal focused, not vague?**

**Measurable How will I know that I’ve met my goal?**

**Achievable Can I break down the goal into smaller tasks?**

**Relevant Is this a personally worthwhile goal?**

**Time-Bound Can the goal be met by the end of group?**

**List 3 goals that you would like to achieve by the end of this treatment:**

*(Examples: By the end of treatment, "I would like to have fewer crying spells per week"…"I would like to be able to go out for a walk 3x per week"…" I would like to engage in activities that I use to enjoy like swimming and reading")*

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2. **\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_**
3. **\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_