

Assessment Form

Name _____

Date _____

Describe what is going on _____

What is the behavior? _____

Who is with you? _____

Where does it occur? _____

Your thoughts/Feelings before? _____

Your thoughts/Feelings after? _____

What is your GOAL? _____

What has to change in order for you to get what you want? _____

What new thoughts are needed? _____

What new actions are needed? _____

What must you be doing differently to achieve your goal? _____

How will you know when you have achieved success? _____

To meet your goal, what must you be aware of? _____

What obstacles could get in the way of achieving your goals? _____

After you meet your goal,

How do you see yourself? _____

What do you feel? _____

What do you say to yourself? _____

What will you say to yourself when you have achieved your goal? _____

In what ways will you benefit from this change? _____

What are you willing to do differently to achieve your goal? _____

Any other thoughts on the subject: