



## **Your Expectations & Goals**

In order for us to meet your needs and help identify your goals for treatment, please share your expectations for treatment and some of your long term goals that you want to accomplish through the treatment process. You can use the back of the page for more space. We also understand that your expectations and goals may change, don't worry about this and just complete this as it applies to you today.

**Your Name:**

**Who & Why were you referred to this program?**

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**What behaviors have been most problematic for you or others? Why?**

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**In a few weeks, what are three things about your life you'd like to be doing different?**

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**The group leader is there to guide you through the process. How can they be most helpful to you? How do you expect them to interact with you and the group?**

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**Do you learn best through hands-on activities, or sharing and talking in a classroom?**

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**What potential issues could you anticipate conflicting with attending all scheduled groups? (Day care, transportation, work schedules, etc.)**

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Return this page to your group leader