

Goals

Name: _____

Section: _____

BY THE END OF THIS GROUP,

I want to feel LESS:

- Nervous Scared Angry Upset Sad

I want to feel MORE:

- Happy Calm Excited Relaxed

I want to change the way I do things and think about things so that I can:

- Calm myself down when I feel upset.
- Think about things that happened without feeling upset.
- Talk about things that happened without feeling upset.
- Stop avoiding things that make me nervous.
- Do more of the things that I used to do.
- Think more about things before I do them.
- Make better decisions.
- Have fewer problems with my family.
- Have fewer problems with my friends.

I also want to change:

Caregiver's Section

What would you like to see changed in your student by the end of the group?