

GOAL SETTING FORM

Name:	Therapy Discipline/s:
DOB:	Date:
Participation <i>Restriction</i> :	
Family / Client Goals:	
1.	
2.	
3.	
4.	

Specific Therapy Goals: PT OT SP				
Team: _____				
Who	Action	Expected Accuracy	With / without prompting	Time Limit
SMART GOAL E.g. <i>Holly will be able to balance on 1 leg for 12 seconds 3 out of every 4 attempts with verbal prompting only to remind her to keep her eyes fixed on a mark on the wall by the end of 6 sessions.</i>				
1.				Goal Achieved
Pre-test / Baseline:				Y N
Post-test / Outcome:				Date:
2.				Goal Achieved
Pre-test / Baseline:				Y N
Post-test / Outcome:				Date:
3.				Goal Achieved
Pre-test / Baseline:				Y N
Post-test / Outcome:				Date:
4.				Goal Achieved
Pre-test / Baseline:				Y N
Post-test / Outcome:				Date:
Sign:				Sign:

Carer / Client Signature: _____ Date: _____

Therapists Signature: _____ Date: _____

GAS OUTCOMES

Attainment Level	Score	Goal 1:	Goal 2:	Goal 3:	Goal 4:
Most unfavourable treatment outcome thought likely	-2				
Less than expected success with treatment	-1				
Expected level of treatment success	0				
More than expected success with treatment	+1				
Best anticipated success with treatment	+2				

CRITERIA	Met	Not Met	Comments
The amount of change between levels is clinically important			
There are approximately equal intervals between the goal attainment levels			
There is a time period for achievement of the goal			
The scale reflects a single dimension of change			
Levels written in concise behavioural terms			
Levels specify an observable behaviour of the child			
Levels are written in present tense			
Levels are achievable and realistically possible			

Individual Therapy Session Planning



Name:	Session No:
DOB:	Date:
Therapy Discipline:	
Participation Restrictions:	

Goal #	Functional /Activity Limitation	Physiological/Anatomical Impairments	Treatment Activities	Performance	Home Program

