

Client Name: _____

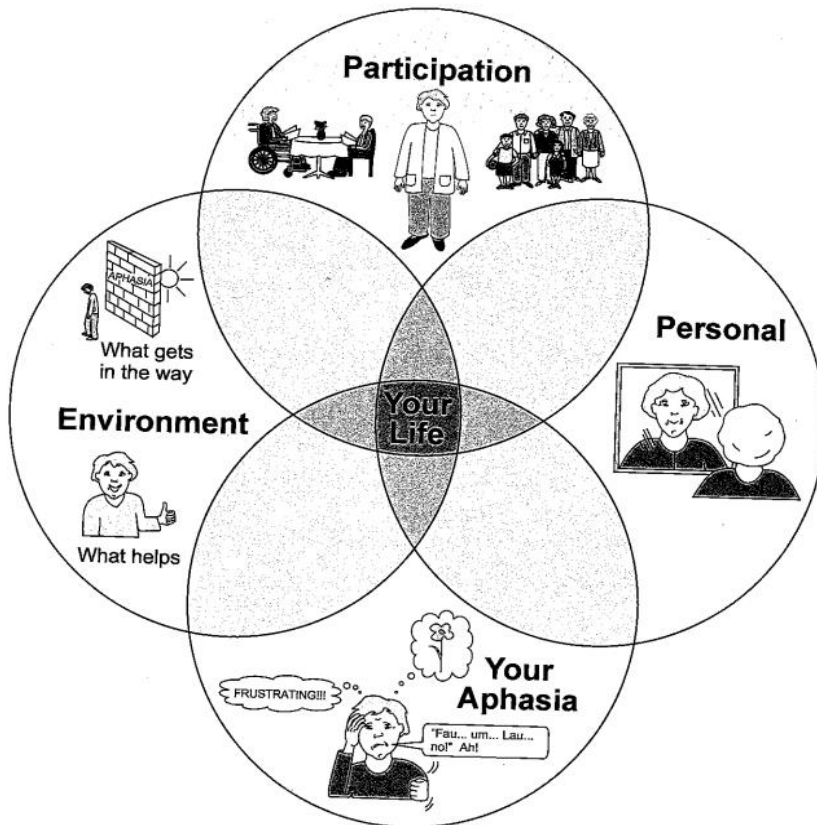
Client Number: _____

Goal Setting Date: _____

Group Goal Setting – Your Life with Aphasia

I participate as much as I want to in life events and activities

/4



Other people know how to communicate with me.

/4

I feel good about myself

/4

I am able to get messages in/out

/4

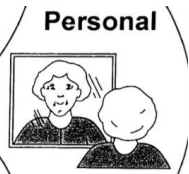
Group Goal Setting – Goal Attainment Plan

Goals: To help myself live well with aphasia by (pick 2):



Increasing my participation in life events and activities

- Plan: Participate in _____ 'purpose of the month'



Increasing positive feelings about myself

- Plan: Participate in _____ 'purpose of the month'



Making my home or community more aphasia-friendly

- Plan: Participate in _____ 'purpose of the month'

Learning and practicing strategies to improve my communication



- Plan: Participate in _____ 'purpose of the month'

Role (optional): _____



We have reviewed the client's goals and we agree to this plan:

Client:	Date: mm/dd/yy
CDA/Team Leader:	Date: mm/dd/yy
Speech-Language Pathologist:	Date: mm/dd/yy