

*From Open Door Community Health Centers*

**SPECIALITY BEHAVIORAL HEALTH  
GOAL CONTRACT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Goal Statement:

Resources/Strengths:

Challenges/Environmental Needs:

<u>Steps to Goal</u>	<u>Date of Completion</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_