Community Counseling & Psychological Services 4900 California Avenue

4900 California Avenue Tower B, Suite 330 Bakersfield, CA 93309

Today's Important Topics

Name: Date:	
Please check the following as it applies to you:	
The problem(s) I originally sought counseling for is/are: () the same () better () worse	
My understanding of my counseling goals are: () excellent () good () fair	
I believe my relationship with my therapist to be: () good () fair () in need of improvement	
I would consider my progress thus far to be: () excellent () good () fair () poor	
(At the beginning of each session, it would be helpful if you would write a brief report on how you feel, remembered dreams, the topics you would like to discuss, and what you believe has been accomplished since your last session.)	
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