

Therapy Termination Worksheet

Name: _____ Date: _____

Therapist: _____ Duration of therapy: _____

Progress review

What were your initial goals when starting therapy?

Which goals have you achieved?

What are the most significant changes you've noticed in yourself?

Thoughts:

Feelings:

Behavior:

List three important coping strategies you've learned:

- 1.
- 2.
- 3.

What have you discovered about yourself through therapy?

Planning for the future

Who are the key people in your support network?

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

List your go-to self-care activities:

What are your personal warning signs that you might need additional support?

What is your plan when these warning signs appear?

- 1.
- 2.
- 3.

Resources and emergency contacts

Therapist:

Contact number:

Primary care physician:

Contact number:

Psychiatrist (if applicable):

Contact number:

Local crisis hotlines:

National crisis hotlines:

Emergency contact person:

Final reflections**What message would you like to share with your future self?****What would you like to say to your therapist?****Client's signature:****Date:****Therapist's signature:****Date:**

Keep this worksheet as a reminder of your progress and a resource for future reference.