Therapy Termination Worksheet

Name: _____ Date: _____ dd / mm / yyyy

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?

List three important coping strategies you've learned:

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?

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?

Date: _____ dd / mm / yyyy Date: _____ dd / mm / yyyy

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