

# 2024 Client Goal Setting



Client's Name \_\_\_\_\_

CLIENT GOALS (to be completed by client where possible with input from parent/carer/teacher/ therapist/coach)

My current weight is \_\_\_\_\_

My current height is \_\_\_\_\_

What goals do you wish to achieve by participating in the RDA Brigadoon programs?

1. Short Term:

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Long Term:

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2. What other activities are you interested in?

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3. What do you find challenging in day-to-day life?

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4. What are your strengths?

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