Student Name:

Date:

How long have you been experiencing the specific stress you are seeking our help with? How did it start? Did life circumstances bring it about?

Please write 1-3 short paragraphs on how you currently experience testing & academic stress. Include all symptoms, both inside and outside the classroom.

In our survey, you listed 3-5 academic contexts in which you experience stress.

What is your goal for each context? Describe your desired level of performance.

How will you perform externally? What scores and grades will you receive?

How will you feel in your body when you have achieved your goal?

**Goal #1**:

**Goal #2**:

**Goal #3**:

**Goal #4**:

If you are currently in school, please include your current and desired grades for each class.

Class #1:

Current Grade:

Desired Grade:

Class #2:

Current Grade:

Desired Grade:

Class #3:

Current Grade:

Desired Grade:

Class #4:

Current Grade:

Desired Grade:

Class #5:

Current Grade:

Desired Grade:

Class #6:

Current Grade:

Desired Grade:

Class #7:

Current Grade:

Desired Grade: