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**Ideal Self Goals Rating Card**

Student’s Name:

 Date: ­­­­­­­­­­­­

Clinician’s Name:

Individual session? **Y N**

##### Ratings should indicate the degree with which the student portrayed each Ideal Self Goal according to the scale below. After the last feedback, transfer average ratings to mastery form.

-3

Very Much

3

Very Much

2

Some

1

A Little

0

No evidence either way

-1

A Little

-2

Some

*Behavior portrayed the opposite of goal*

*Behavior portrayed the desired goal*

N.O. = No Opportunity

