Reduced-Fee Counseling Application

Name: Phone:

Please answer the following questions as honestly and simply as you can:

1. What do you most hope to achieve from our work together?

2. Circle the number that best represents your current level of motivation to work on yourself:

   1 2 3 4 5 6
   less motivated more motivated

3. How much are you willing to spend **per month** working towards this goal? Please circle one option:

   <$100 $100-$150 $150-$200 $200+

4. Ideally for you, how often do you hope to meet with me? Please circle one option:

   1/month 2-3/month 1/week 1+/week

5. To the extent that you know, please list some of the most convenient times for you to meet during the week:

6. Please feel free to add anything that might clarify my understanding of your needs and goals: