

Homework Completion Checklist

-Confidential Information-

Name _____

DOB _____

Date Assigned	Assignment Name	Completed on Time (Y/N)	Client Rating*	Client Progress Insight**

*Ask the client to rate this assignment on a 10-point scale with 1=not helpful at all and 10=extremely helpful.

**Ask the client how this assignment could help him/her in achieving his/her therapy goals.