

YOUR GOALS



THIS SESSION

We will focus on what **you** and your **family** wish to **achieve** during the **Aphasia ASK Program**.

BY THE END OF THE SESSION

You and your family will have **clear goals** for the Aphasia ASK Program.

RESEARCH

It's **good** for **both patients** and their **families** to **set goals**.

Goals make **rehabilitation relevant** to your needs.

Talking about your goals can help establish a **good relationship** with your **therapists**.

The best goals are ones that are **challenging but achievable**.



SET YOUR GOALS

Take a look at:

The **Needs Quiz** you filled out with your family.

YOUR NEEDS QUIZ

Do you want to **know more** about:

What other people with aphasia say about **friendships**?

Yes	No	Unsure
✓	✗	?

How you can **stay positive** during recovery?

Yes	No	Unsure
✓	✗	?

YOUR NEEDS QUIZ

Do you want to **know more** about:

How you **communicate better** with my friends and family?

Yes	No	Unsure
✓	✗	?

How my friends and family **communicate better** with me?

Yes	No	Unsure
✓	✗	?

The **Topics Sheet**.






Aphasia **ASK**

Choose your topics

	Your story	Living the learning	Finding the positive	Not just words	Stay connected
What is it about?	Sharing your stroke and aphasia story with others	How to find information about aphasia	How to find the positive in this challenging situation	How to have better conversations with others	How to stay in touch with people important to you How to meet other people with aphasia
Me	<input checked="" type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes
My Family/friends	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes

SET YOUR GOALS

Set goals that are challenging yet able to be achieved **during** **the program.**

Fantastic outcome 	
Better than expected 	
Expected outcome 	
Less than expected 	
Much less than expected 	

Action
Success
Knowledge



NOTES



HOMEWORK



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