



# SESSION RATING FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Session #: \_\_\_\_\_

## Complete this section at the beginning of your session (ORS)

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

<b>Individually</b> (Personal Well-Being)	_____
	LOW HIGH
<b>Interpersonally</b> (Family, Close Relationships, Friendships)	_____
	LOW HIGH
<b>Performance</b> (Work, School, Activities)	_____
	LOW HIGH
<b>Overall</b> (General Sense of Well-Being)	_____
	LOW HIGH

Help us understand any progress you may have made since our last session. As before, marks to the left indicate low amounts, and marks to the right represent high amounts.

Since our last session how much time and effort have you put into achieving your goals? \_\_\_\_\_

LOW HIGH

Time \_\_\_\_\_ hours spent doing what?

What changes have you noticed (if any)?

Other things (events, etc) that have contributed to how you are feeling/functioning?

## Complete this section at the end of your session (SRS)

Please rate today's session by placing a mark on the line nearest to the description that fits your experience

I did not feel heard, understood and respected	RELATIONSHIP	I felt heard, understood and respected
_____	_____	_____
LOW		HIGH
We did not work on or talk about what I wanted to work on and talk about	GOALS & TOPICS	We worked on and talked about what I wanted to work on and talk about
_____	_____	_____
LOW		HIGH
The therapist's approach is not a good fit for me	APPROACH OR METHOD	The therapist's approach is a good fit for me
_____	_____	_____
LOW		HIGH
There was something missing in the session today	OVERALL	Overall, today's session was right for me
_____	_____	_____
LOW		HIGH