

SESSION RATING FORM (CHILD)

Name of child: _____ Date: _____

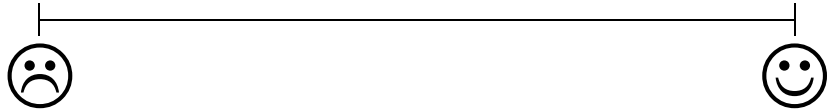
Therapist: _____ Session #: _____

Form completed by: Child _____ Caretaker _____

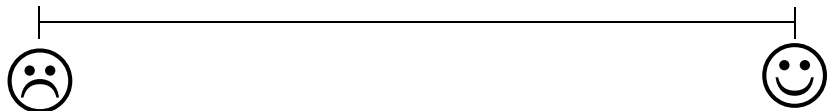
Complete this section at the beginning of your session (CORS)

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

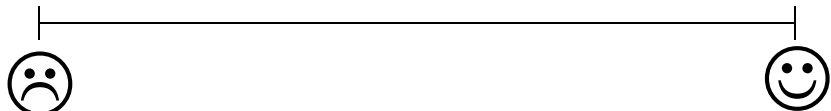
Me (How am I doing?)



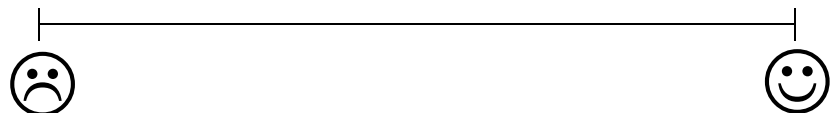
Family (How are things in my family?)



School (How am I doing at school?)



Everything (How is everything going?)



Complete this section at the end of your session (CSRS)

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Did not always listen to me		LISTENING		Listened to me
		_____	_____	
What we did and talked about was not really that important to me		HOW IMPORTANT		What we did and talked about were important to me
		_____	_____	
I did not like what we did today		WHAT WE DID		I liked what we did today
		_____	_____	
I wish we could do something different		OVERALL		I hope we do the same kind of things next time
		_____	_____	