



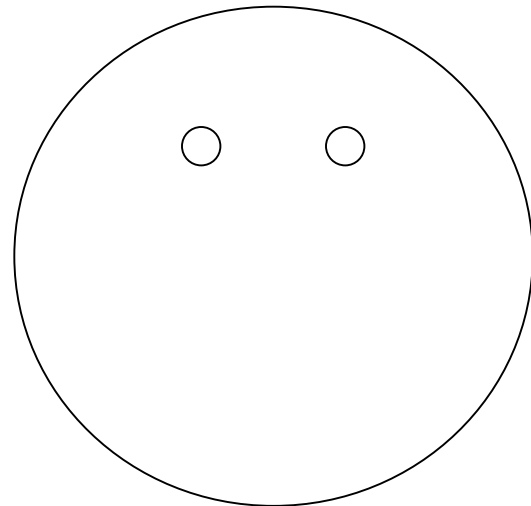
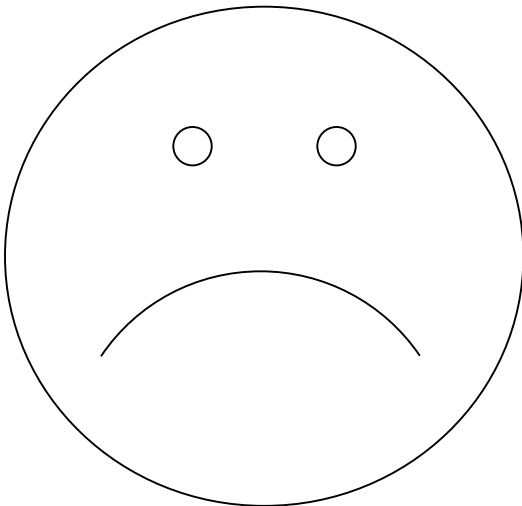
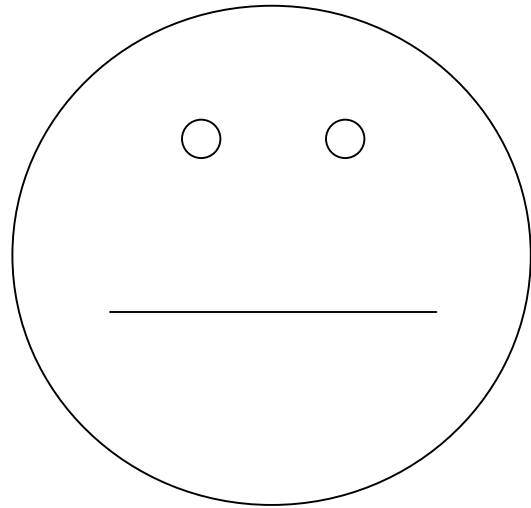
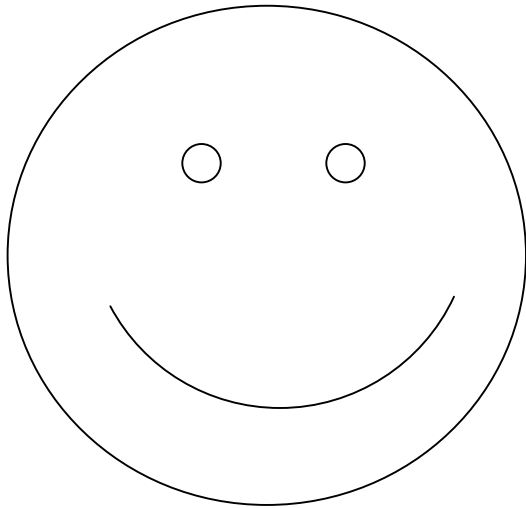
# SESSION RATING FORM (YOUNG CHILD)

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

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

**Complete this section at the beginning of your session (YCORS)**

Choose one of the faces that shows how things are going for you. Or, you can draw one below that is just right for you.





# SESSION RATING FORM (YOUNG CHILD)

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

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

**Complete this section at the end of your session (YCSRS)**

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.

