

Name _____
Date _____
ID #: _____

Session Rating Scale

Physical & Emotional Safety

I did not feel safe.



I felt physically and emotionally safe.

Trustworthiness

I do not feel that we worked on or talked about what I wanted to work on and talk about.



I feel that the therapist is trustworthy.

Consumer Choice & Control

I had no choice and no control.



I felt that my choices were respected.

Collaboration & Sharing of Power

I do not feel that power was shared.



I felt that we shared power.

Empowerment & Skill Building

I felt disregarded and did not learn skills.



We worked on empowerment and skill building.



Comments:

