

Session Rating Scale (SRS V.3.0)

Name _____ Age (Yrs): ____

ID# _____ Sex: M / F

Session # ____ Date: _____

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

I did not feel heard, understood, and respected.

Relationship

I-----I

I felt heard, understood, and respected.

We did not work on or talk about what I wanted to work on and talk about.

Goals and Topics

I-----I

We worked on and talked about what I wanted to work on and talk about.

The therapist's approach is not a good fit for me.

Approach or Method

I-----I

The therapist's approach is a good fit for me.

There was something missing in the session today.

Overall

I-----I

Overall, today's session was right for me.

Institute for the Study of Therapeutic Change

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