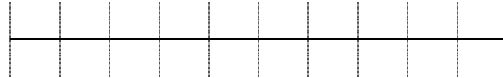


Therapy Session Rating Scale

Name _____ Date _____

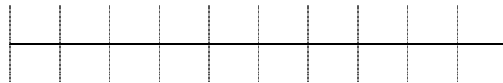
Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

I did not feel heard,
understood and respected



I felt heard, understood and
respected

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



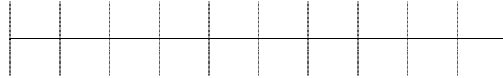
We did worked on and
talked about what I wanted
to work on and talk about

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



The therapist's approach is
a good fit for me

There was something
missing in the session today



Overall, today's session was
right for me