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**Uitkoms Meting (ORS)**

|  |
| --- |
| Naam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ouderdom (jare):\_\_\_\_ Geslag: \_\_\_\_\_\_\_\_\_\_\_\_  Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vir wie word die vorm voltooi? Merk asseblief een: Self\_\_\_\_\_\_\_ Ander\_\_\_\_\_\_\_  Indien ander, wat is jul verhouding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| As jy terugdink oor die week wat verby is, insluitend vandag, merk asseblief hoe jy voel oor die volgende areas van jou lewe. Dit sal my help om te verstaan hoe dit met jou gaan. ‘n Kruisie na links dui ‘n lae telling aan terwyl ‘n kruisie na regs ‘n hoë tellings aandui. *Indien jy die vorm namens iemand anders invul, voltooi hoe jy dink die persoon gevoel het.* |

**AANDAG KLINIKUS**: OM TE VERSEKER DAT DIE MEETING AKKURAAT IS, DRUK EERS DIE BLAD UIT EN MAAK SEKER DAT DIE ITEM-LYNE 10 CM VAN MEKAAR IS. VERANDER DIE VORM TODAT DIE LYNE DIE KORREKTE AFSTAND IS, VERWYDER DAN DIE BOODSKAP.

**Individueel**

(Persoonlike welstand)

I----------------------------------------------------------------------I

**Interpersoonlik**

(Gesin, intieme verhoudings)

I----------------------------------------------------------------------I

**Sosiaal**

(Werk, skool, vriendskappe)

I----------------------------------------------------------------------I

**Algeheel**

(Algemene welstand)

I----------------------------------------------------------------------I

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 40 | | | | | | | | | | |
| 35 |  |  |  |  |  |  |  |  |  | **SRS Cutoff** |
| 30 |  |  |  |  |  |  |  |  |  | Discuss |
| 25 |  |  |  |  |  |  |  |  |  | ORS Cutoff |
| 20 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |
| Session Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Sessie Meting (SRS V.3.0)**

|  |
| --- |
| Naam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ouderdom (jare):\_\_\_\_  ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Geslag: \_\_\_\_\_\_\_\_\_\_  Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Evalueer vandag se sessie deur ‘n kruisie te plaas naas die beskrywing wat jou ervarig die beste omskryf. |

# Verhouding

Ek is nie na geluister, verstaan of gerespekteer nie.

Ek is na geluister, is verstaan en gerespekteer.

I----------------------------------------------------------------------I

**Doelstellings en onderwerp**

Ons het *nie* gewerk en gepraat oor dit waaroor ek wou werk en praat *nie*.

Ons het gewerk en gepraat oor dit waaroor ek wou werk en praat.

I---------------------------------------------------------------------I

**Benadering of Metode**

Die terapeut se benadering is *nie* ’n goeie passing vir my *nie*.

Die terapeut se benadering is ’n goeie passing vir my.

I----------------------------------------------------------------------I

**Algeheel**

Oor die algemeen was die sessie vandag net reg vir my.

Daar het iets kort gekom in die sessie vandag.

I---------------------------------------------------------------------I

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**Kinder Uitkoms Meting (CORS)**

|  |
| --- |
| Naam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ouderdom (jare):\_\_\_\_  Geslag: \_\_\_\_\_\_\_\_  Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vir wie word die vorm voltooi? Merk asseblief een: Kind\_\_\_\_\_\_\_ Voog\_\_\_\_\_\_\_  Indien voog, wat is jou verhouding met die kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Hoe gaan dit met jou? Hoe gaan dinge in jou lewe? Maak asseblief ’n kruisie op die skaal om vir ons te vertel. Hoe nader jy aan die glimlag-gesig merk, hoe beter gaan dinge en hoe nader jy aan die hartseer-gesig merk, hoe slegter gaan dinge. *Indien jy die voog is wat die vorm voltooi, vul in hoe u dink die king vaar.*. |

**Ek**

(Hoe gaan dit met my?)

I---------------------------------------------------------------------I



**Gesin**

(Hoe gaam dinge met my gesin?)

I---------------------------------------------------------------------I

**Skool**

(Hoe gaan dit met my by die skool?)

I---------------------------------------------------------------------I

**Alles**

(Hoe gaan dit met alles?)

I---------------------------------------------------------------------I

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**Kinder Sessie Meeting (CSRS)**

|  |
| --- |
| Naam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ouderdom (jare):\_\_\_\_  Geslag: \_\_\_\_\_\_  Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Hoe was ons tyd saam vandag? Plaas asseblief ’n kruisie op die lyn hieronder om ons te laat weet hoe jy voel. |

# Luister

\_\_\_\_\_\_\_\_\_\_\_

het na my geluister.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ het nie altyd na my geluister nie.

****I---------------------------------------------------------------------I

**Hoe belangrik**

Wat ons gedoen en oor gepraat het, was baie belangrik vir my

Wat ons gedoen en oor gepraat het, was nie vir my so belangrik nie

****I---------------------------------------------------------------------I

****

**Wat ons gedoen het**

Ek het gehou van dit wat ons vandag gedoen het

Ek het niks gehou van wat ons vandag gedoen het nie

****I----------------------------------------------------------------------I

****

**Algemeen**

Ek hoop ons gaan weer volgende keer dieselfde tipe goed doen

Ek wens ons kon iets anders gedoen het.

****I---------------------------------------------------------------------I

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**Jong Kind Uitkoms Meting (YCORS)**

|  |
| --- |
| Naam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ouderdom (jare):\_\_\_\_  Geslag: \_\_\_\_\_  Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Kies 1 gesiggie wat sê hoe dinge met jou gaan. Of jy kan een aan die onderkant teken wat net reg is vir jou. |

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**Jong Kind Sessie Meting (YCSRS)**

|  |
| --- |
| Naam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ouderdom (jare):\_\_\_\_  Geslag: M / F\_\_\_\_\_  Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Kies een gesiggie wat sê hoe dit was om vandag hier te wees. Jy kan aan die onderkant ‘n gesiggie teken wat net reg is vir jou. |

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**Groep Sessie Meting (GSRS)**

|  |
| --- |
| Naam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ouderdom (jare):\_\_\_\_  Geslag: \_\_\_\_\_  Sessie # \_\_\_\_ Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Evalueer asseblief vandag se groep deur met ‘n kruisie te merk op die lyn naas die beskrywing wat jou ervaring die beste omskryf. |

# Verhouding

Ek het *nie* gevoel dat ek verstaan, gerespekteer en aanvaar is deur die leier en die groep *nie*

Ek het gevoel dat ek verstaan, gerespekteer en aanvaar is deur die leier en die groep

I----------------------------------------------------------------------I

**Doelstellings en onderwerp**

Ons het *nie* gewerk aan en gepraat oor dit wat ek oor wou werk en praat *nie*.

Ons het gewerk aan en gepraat oor dit wat ek oor wou werk en praat.

I----------------------------------------------------------------------I

**Benadering of Metode**

Die leier en groep se benadering is ‘n goeie passing vir my.

Die leier en groep se benadering is *nie* ‘n goeie passing vir my *nie.*

I----------------------------------------------------------------------I

**Algemeen**

Daar het iets kort gekom in die sessie vandag.

Oor die algemeen was die sessie vandag net reg vir my.

I----------------------------------------------------------------------I

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