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**Outcome Rating Scale (ORS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs.): \_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who is filling out this form? Please check one: Self\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_  If other, what is your relationship to this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person*, *please fill out according to how you think they are doing.* |

**ATTENTION**: FOR SCORING ACCURACY PRINT OUT THE MEASURE TO ENSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN DELETE THIS MESSAGE.

**Individually**

(Personal well-being)

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

**Interpersonally**

(Family, close relationships)

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

**Socially**

(Work, school, friendships)

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

**Overall**

(General sense of well-being)

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 |

**Session Rating Scale (SRS V.3.0)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs.): \_\_\_  ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

# Relationship

I did not feel heard, understood, and respected.

I felt heard, understood, and respected.

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

**Goals and Topics**

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

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

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

**Approach or Method**

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

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

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

**Overall**

Overall, today’s session was right for me.

There was something missing in the session today.

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

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**Session Rating Scale (SRS V.3.1)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs.): \_\_\_\_  ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

**ATTENTION**: YOU CAN NOW EITHER INSERT “THE COUNSELOR’S,” “CASE MANAGER’S,” OR OTHER TITLE WHERE “THE THERAPIST’S” USED TO BE (3RD SCALE), OR YOUR NAME, E.G., BARRY’S. THEN DELETE THIS MESSAGE.

# Relationship

I did not feel heard, understood, and respected.

I felt heard, understood, and respected.

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

**Goals and Topics**

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

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

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

**Approach or Method**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ approach is *not* a good fit for me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_approach is a good fit for me.

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

**Overall**

Overall, today’s session was right for me.

There was something missing in the session today.

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

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**Child Outcome Rating Scale (CORS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs.): \_\_\_\_  Gender: \_\_\_\_\_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who is filling out this form? Please check one: Child\_\_\_\_\_\_\_ Other person\_\_\_\_\_\_\_  If other person, what is your relationship to this child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are another person filling out this form*, *please fill out according to how you think the child is doing*. |

**Me**

(How am I doing?)

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





**Family**

(How are things in my family?)

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



**School**

(How am I doing at school?)

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



****

**Everything**

(How is everything going?)

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





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**Child Session Rating Scale (CSRS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs.): \_\_\_\_  Gender: \_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| How was our time together today? Please put a mark on the lines below to let us know how you feel. |

# Listening

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

listened to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ did not always listen to me.

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

****

What we did and talked about was not really that important to me**.**

**How Important**

What we did and talked about were important to me.

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



I did not like what we did today.

**What We Did**

I liked what we did today.

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



**Overall**

I hope we do the same kind of things next time.

I wish we could do something different.

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



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**Young Child Outcome Rating Scale (YCORS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs.): \_\_\_\_  Gender: \_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 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. |

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**Young Child Session Rating Scale (YCSRS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs.): \_\_\_\_  Gender: \_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 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. |

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**Group Session Rating Scale (GSRS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs.): \_\_\_\_  ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Please rate today’s group by placing a mark on the line nearest to the description that best fits your experience. |

# Relationship

I did not feel understood, respected, and/or accepted by the leader and/or the group.

I felt understood, respected, and accepted by the leader and the group.

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

**Goals and Topics**

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

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

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

**Approach or Method**

The leader and the group’s approach are a good fit for me.

The leader and/or the group’s approach are/is not a good fit for me.

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

**Overall**

There was something missing in group today—I did not feel like a part of the group.

Overall, today’s group was right for me—I felt like a part of the group.

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

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**Child Group Session Rating Scale (CGSRS)**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs.): \_\_\_\_  Gender: \_\_\_\_\_  Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| How was our group today? Please put a mark on the lines below to let us know how you feel. |

The leader and group listened to

me and liked me.

# Listening

The leader or group did not listen to me

or like me.

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

**How Important**

We talked about and did important things.

We did not talk about or do important things**.**

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

I did not like what we did today.

**What We Did**

I liked what we did today.

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

**Overall**

Today was not good for me—I did not feel like a part of this group.

Today was good for me—I felt like a part of this group.

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

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