

session rating scale (SRS)

name _____

date: _____

Rate today's session by circling a number (or numbers) nearest to the description that best fits your experience.

relationship

I did not feel heard understood, and respected I-----I *I felt heard understood, and respected*
0 1 2 3 4 5 6 7 8 9 10

goals & topics

we did not work on or talk about what I wanted to work on and talk about I-----I *we worked on & talked about what I wanted to work on and talk about*
0 1 2 3 4 5 6 7 8 9 10

approach or method

the therapist's approach is not a good fit for me I-----I *the therapist's approach is a good fit for me*
0 1 2 3 4 5 6 7 8 9 10

overall

there was something missing in the session today I-----I *overall today's session was right for me*
0 1 2 3 4 5 6 7 8 9 10

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