**SESSION RATING SCALE (SRS V.3.0) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_­­\_\_\_\_**

**Today’s 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.

# Relationship

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

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

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

**Goals and Topics**

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

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

**Approach or Method**

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

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

There was something missing in the session today.

Overall, today’s session was right for me.

**Overall**

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

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