

## 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.

I did not feel heard,  
understood, and  
respected.

I-----I

I felt heard,  
understood, and  
respected

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

I-----I

We 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.

I-----I

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

There was something  
missing in the session  
today.

I-----I

Overall, today's  
session was right for  
me.

International Center for Clinical Excellence

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