

## Session Rating Scale (SRS V.3.0)

Name: _____ Age (Years): _____
ID#: _____
Session # _____ Date: _____

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

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### Relationship

I did not feel heard, understood, and respected.

I-----I

I felt heard, understood, and respected.

### Goals and Topics

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.

### 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.

### Overall

There was something missing in the session today.

I-----I

Overall, today's session was right for me.

Institute for the Study of Therapeutic Change

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