

Session Rating Scale (SRS V.3.0)

© Scott D. Miller, PhD

Name: _____ Age/Years: _____

Session #: _____ Date: ___/___/___

Please rate today's session by placing a hash 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

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

Approach or Method

The therapist's
approach is not a
good fit for me

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

Overall

There was
something missing
in the session today

Overall, today's
session was right
for me

Outcome Rating Scale (ORS)

© Scott D. Miller, PhD

Name: _____ Age/Years: _____

Session #: _____ Date: ___ / ___ / ___

Individually (Personal well-being)

0 [_____] 100

Interpersonally (Family, close relationships)

0 [_____] 100

Socially (Work, School, Friendships)

0 [_____] 100

Overall

(General sense of well-being)

0 [_____] 100