

Outcome Rating Scale (ORS)

Name _____ Age (Yrs): _____ Gender _____
Session # _____ Date: _____
Who is filling out this form? Please check one: Self _____ Other _____
If other, what is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually
(Personal well-being)

I-----I

Interpersonally
(Family, close relationships)

I-----I

Socially
(Work, school, friendships)

I-----I

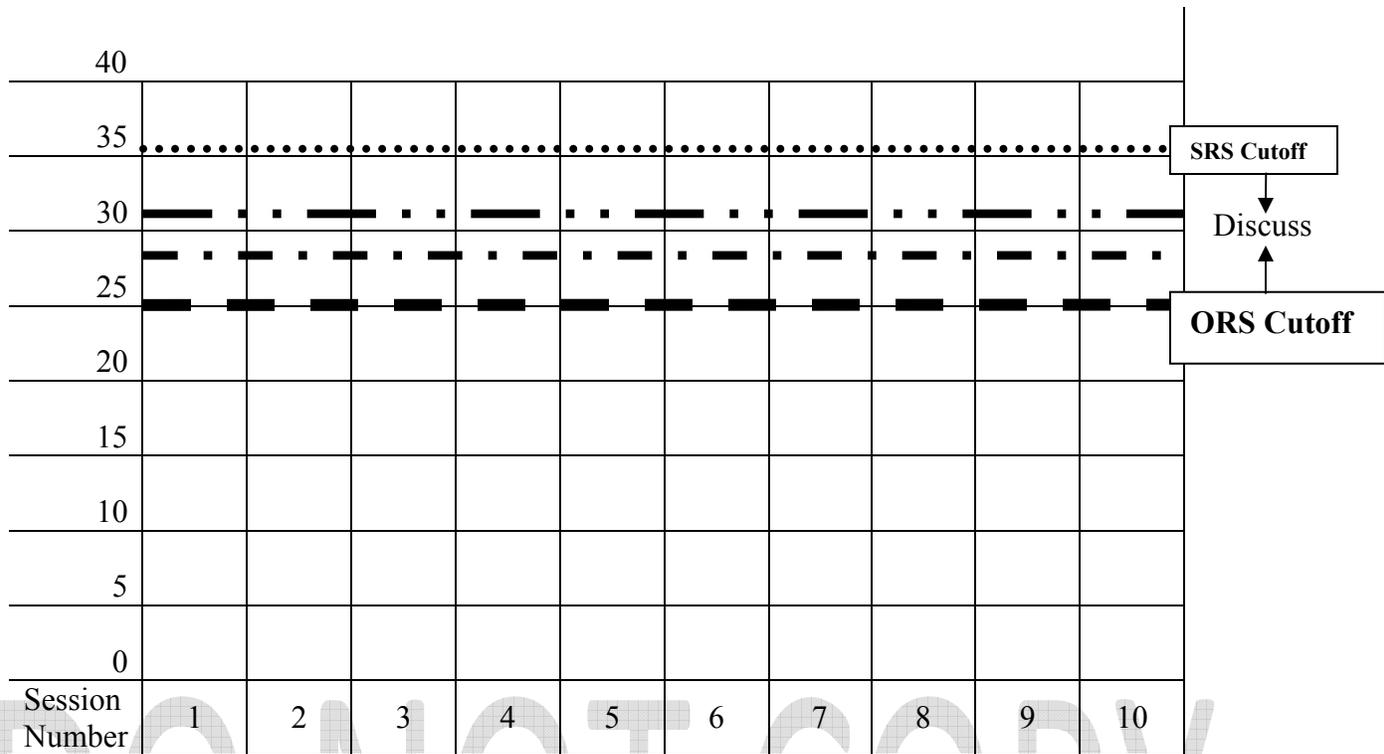
Overall
(General sense of well-being)

I-----I

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ORS Cut off:
 Adults = 25, — — — —
 Adolescents = 28, — . — —
 Kids = 32, — . . . —

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.

Relationship

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.

Overall

There was something missing in the session today.

I-----I

Overall, today's session was right for me.

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Child Outcome Rating Scale (CORS)

Name _____ Age (Yrs): _____
Gender: _____
Session # _____ Date: _____
Who is filling out this form? Please check one: Child _____ Caretaker _____
If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me
(How am I doing?)



Family
(How are things in my family?)



School
(How am I doing at school?)



Everything
(How is everything going?)



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Child Session Rating Scale (CSRS)

Name _____ Age (Yrs): _____
Gender: _____
Session # _____ Date: _____

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

_____ I-----I _____
did not always listen to me.   listened to me.

How Important

What we did and talked about was not really that important to me. I-----I _____
  What we did and talked about were important to me.

What We Did

I did not like what we did today. I-----I _____
  I liked what we did today.

Overall

I wish we could do something different. I-----I _____
  I hope we do the same kind of things next time.

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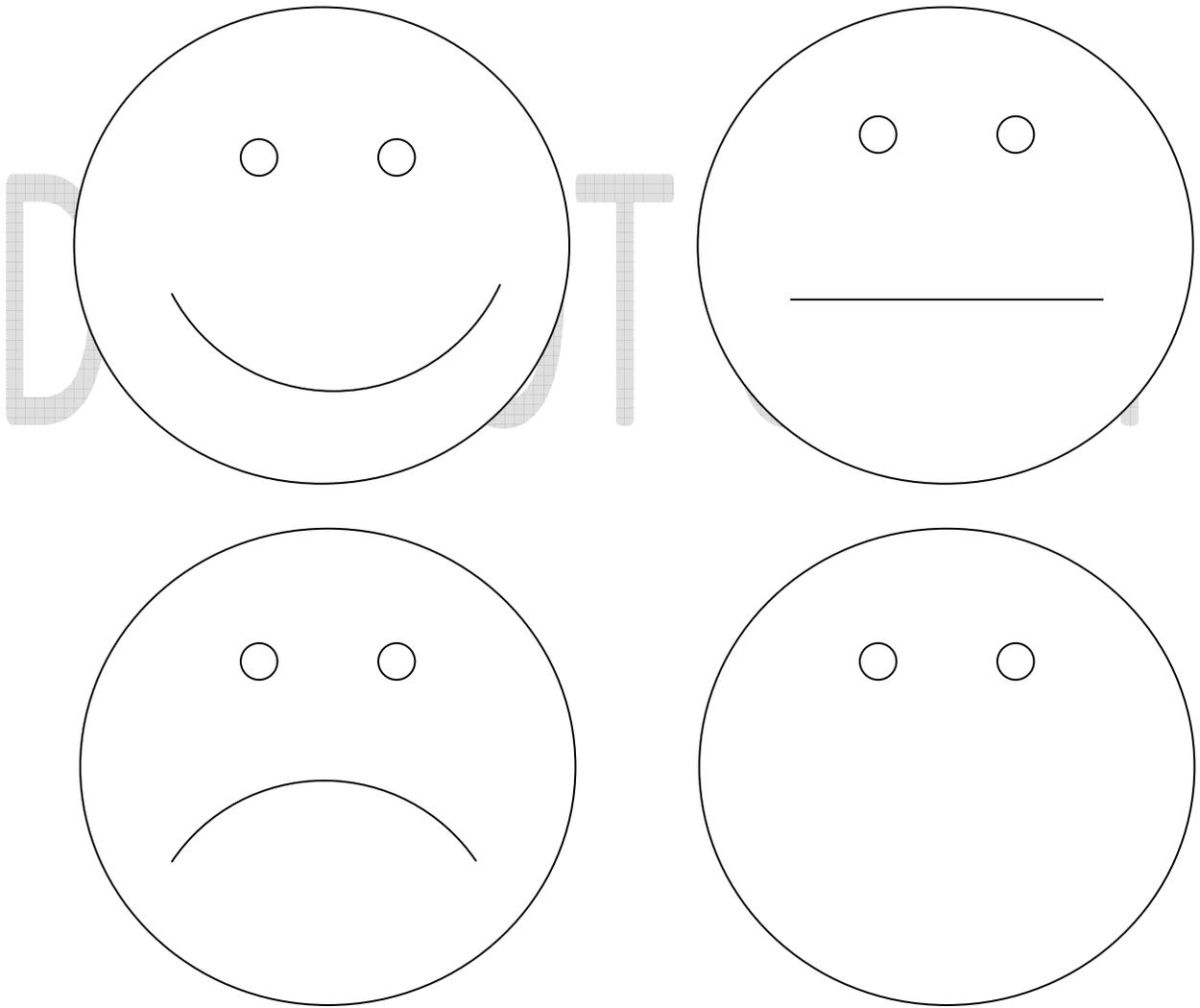
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Young Child Outcome Rating Scale (YCORS)

Name _____ Age (Yrs): _____
Gender: _____
Session # _____ Date: _____

Choose one of the faces that shows how things are going for you. Or, you can draw one below that is just right for you.



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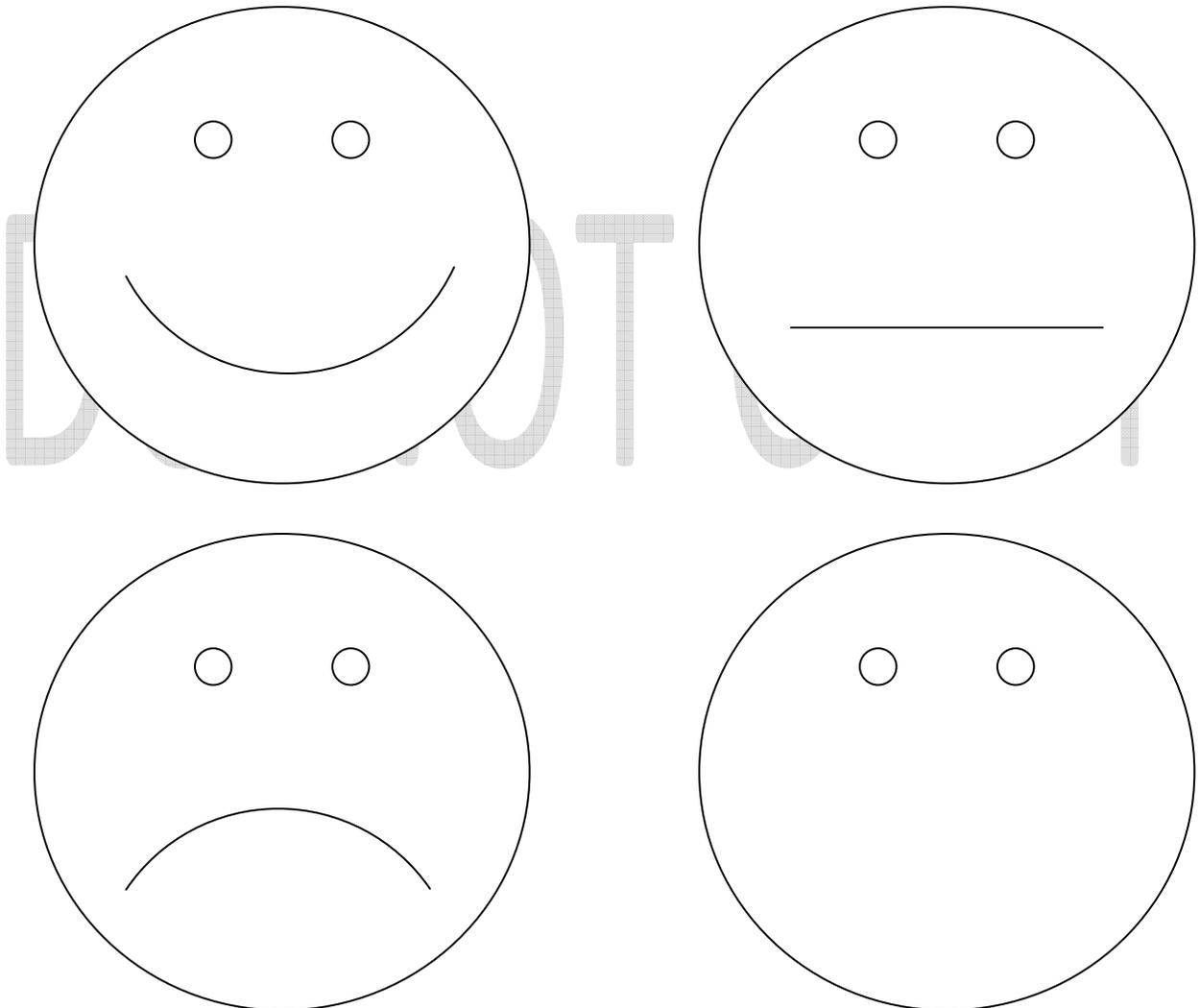
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Young Child Session Rating Scale (YCSRS)

Name _____ Age (Yrs): _____
Gender: _____
Session # _____ Date: _____

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.



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Group Session Rating Scale (GSRS)

Name _____ Age (Yrs): _____
ID# _____ Gender _____
Session # _____ Date: _____

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

Relationship

I did not feel understood, respected, and/or accepted by the leader and/or the group.

I-----I

I felt understood, respected, and accepted by the leader and the group.

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 leader and/or the group's approach is a not a good fit for me.

I-----I

The leader and group's approach is a good fit for me.

Overall

There was something missing in group today—I did not feel like a part of the group.

I-----I

Overall, today's group was right for me—I felt like a part of the group.

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Leeds Alliance in Supervision Scale (LASS)

Supervisee Name _____
Date of supervision session: _____

Instructions:

Please place a mark on the lines to indicate how you feel about your supervision session

This supervision session was not focused	(Approach)	This supervision session was focused
My supervisor and I did not understand each other in this session	(Relationship)	My supervisor and I understood each other in this session
This supervision session was not helpful to me	(Meeting my needs)	This supervision session was helpful to me

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©Wainwright, N. A. (2010). *The development of the Leeds Alliance in Supervision Scale (LASS): A brief sessional measure of the supervisory alliance*. Unpublished Doctoral Thesis. University of Leeds