

New Pathways Psychotherapy, Pllc.

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Session Rating Scale / Feedback Form

Rate each area on a scale of 0 (low) to 10 (high):

Relationship – I felt heard, understood, and respected: [0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10]
Score:
Goals/Topics – We worked on what I wanted to: [0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10]
Score:
Method – The therapist's approach felt right for me: [0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10]
Score:
Overall – Today's session was right for me: [0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10]
Score:
Comments / Suggestions for Next Session:
Clina Livida
Client Initials: Date: