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Outcome Rating Scale (ORS)

Name ________________________ Age (Yrs):____ Sex: M / F
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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Also Ask:
1) How satisfied are you with how things are going so far?
2) How close is this to what you expect from treatment with EAST?
<table>
<thead>
<tr>
<th>Session Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORS Cutoff</td>
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<tr>
<td>SRS Cutoff</td>
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</tr>
</tbody>
</table>
Session Rating Scale (SRS V.3.0)

Name ________________________ Age (Yrs):____
ID# __________________________ Sex:  M / F
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--->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--->I--->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--->I--->I-->(---)---I

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

Overall

There was something missing in the session today.

I--->I--->I--->I-->(---)---I

Overall, today’s session was right for me.

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Child Outcome Rating Scale (CORS)

Name ________________________ Age (Yrs):____
Sex:  M / F_________
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?)

I------------------------------------------------------------------------------------I

Family
(How are things in my family?)

I------------------------------------------------------------------------------------I

School
(How am I doing at school?)

I------------------------------------------------------------------------------------I

Everything
(How is everything going?)

I------------------------------------------------------------------------------------I

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Child Session Rating Scale (CSRS)

Name ________________________Age (Yrs):____
Sex:  M / F
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

How Important
__________________________________________________________________________

I-----------------------------------------------------------------------------------I

What We Did
__________________________________________________________________________

I-----------------------------------------------------------------------------------I

Overall
__________________________________________________________________________

I-----------------------------------------------------------------------------------I

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__________________________________________________________________________

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Young Child Outcome Rating Scale (YCORS)

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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Young Child Session Rating Scale (YCSRS)

Name ________________________ Age (Yrs): ____
Sex:  M / F ____
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.

[Diagram of four faces: smiling, neutral, sad, and happy]

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