



# Child Session Rating Scale (CSRS)


Client Name _____	Client #: _____
Date: _____	
Who is filling out this form?: Child _____	Caretaker _____
If caretaker, what is your relationship to this child? _____	

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

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

## What We Did

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

## Overall

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

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# Child Outcome Rating Scale (CORS)

Client Name _____ Client #: _____
Date: _____
Who is filling out this form?: 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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