

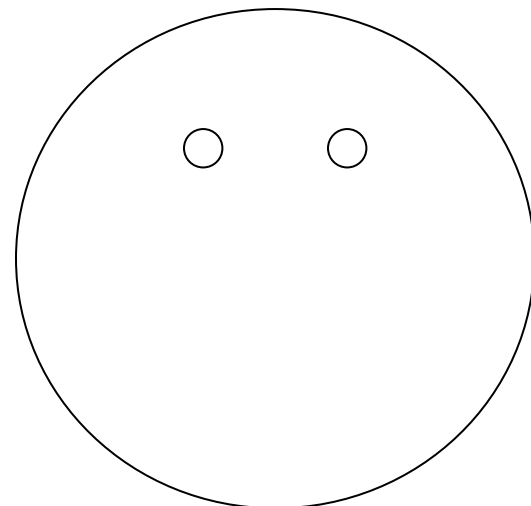
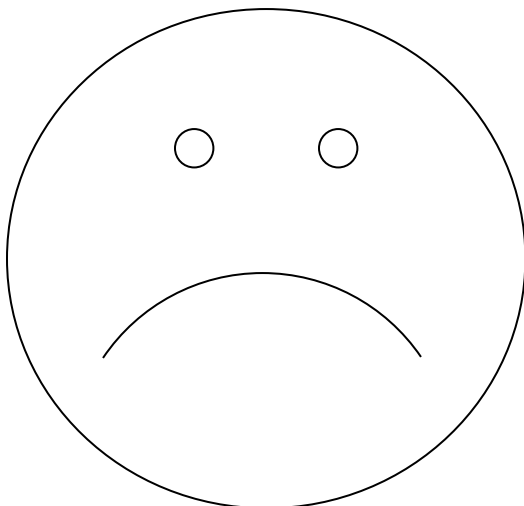
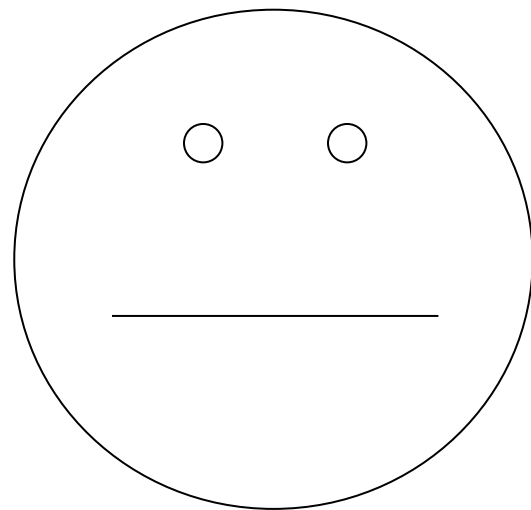
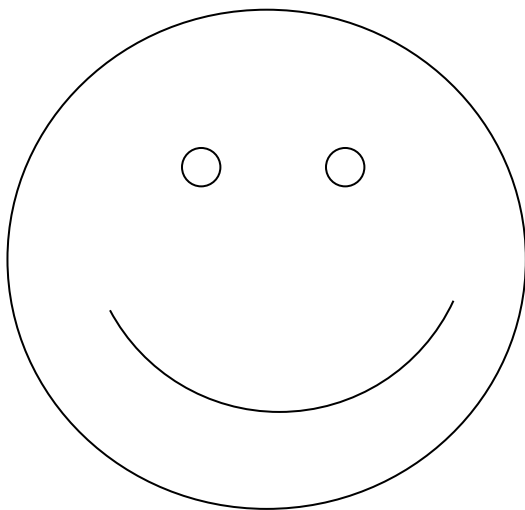
# Young Child Session Rating Scale (YCSRS)

Name \_\_\_\_\_ Age : \_\_\_\_ Date: \_\_\_\_\_

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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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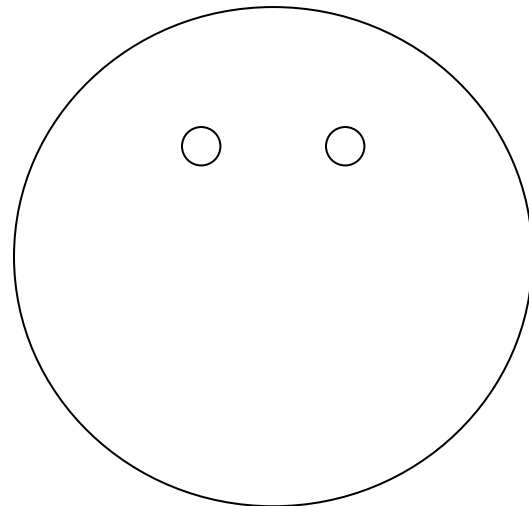
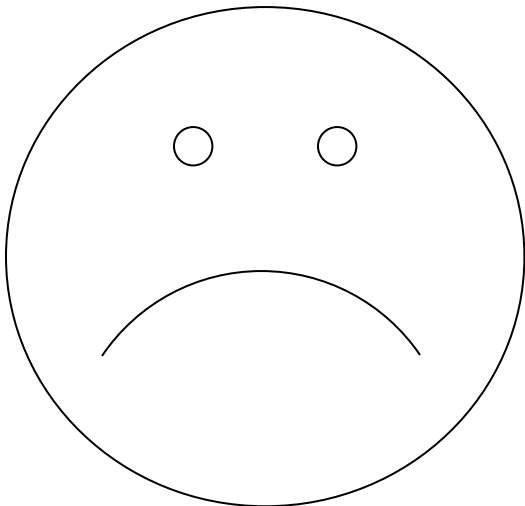
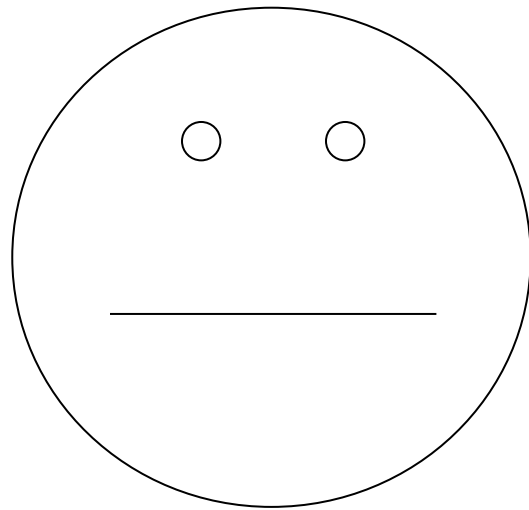
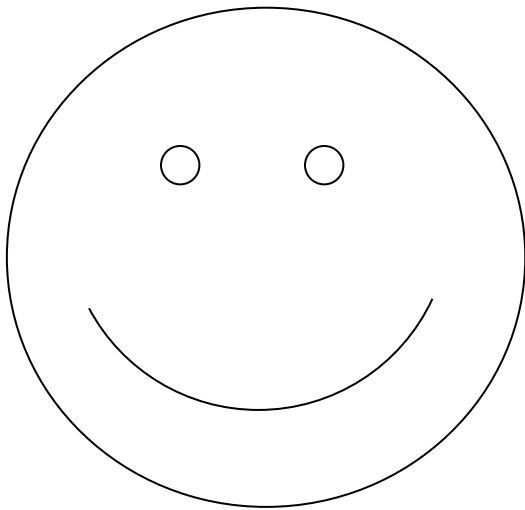
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# Young Child Outcome Rating Scale (YCORS)

Name: \_\_\_\_\_ Age: \_\_\_\_ 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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