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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