

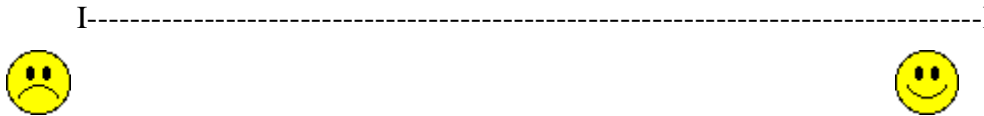
Child Outcome Rating Scale (CORS)

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.*

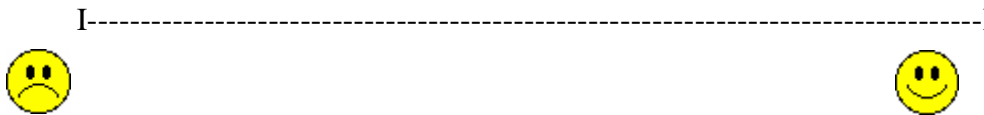
Me

(How am I doing?)



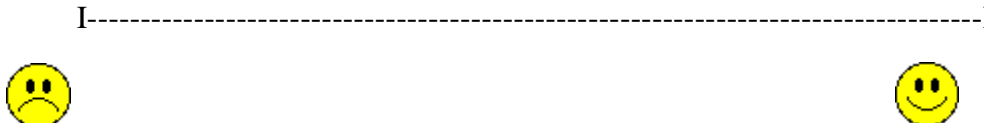
Family

(How are things in my family?)



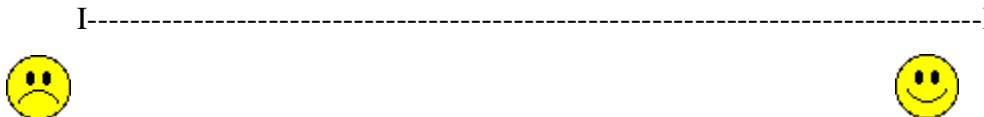
School

(How am I doing at school?)



Everything

(How is everything going?)



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