



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-----
did not always listen to me.  -----  _____
listened to me.

How Important

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

What We Did

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

Overall

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

Institute for the Study of Therapeutic Change
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