



## Session Feedback Form

Please rate each item based on today's session using a 1–5 rating scale.

- 1 = never
- 2 = rarely
- 3 = sometimes
- 4 = often
- 5 = all of the time

1. The therapist listened to me. \_\_\_\_\_
2. We are making progress toward our goals. \_\_\_\_\_
3. Our session focused on the treatment plan. \_\_\_\_\_
4. The therapist worked with me to help me get to my appointment. \_\_\_\_\_
5. I feel more prepared to handle my problems. \_\_\_\_\_
6. I know what I need to work on between now and our next session. \_\_\_\_\_

7. What was the best thing about the session today?

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8. What would you have changed about the session?

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