

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

Did not always listen to me.



0 1 2 3 4 5 6 7 8 9 10



Listened to me.

How Important

What we did and talked about was not really that important to me.



0 1 2 3 4 5 6 7 8 9 10



What we did and talked about were important to me.

What We Did

I did not like what we did today.



0 1 2 3 4 5 6 7 8 9 10



I liked what we did today.

Overall

I wish we could do something different.



0 1 2 3 4 5 6 7 8 9 10



I hope we do the same kind of things next time.

Institute for the Study of Therapeutic Change

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