

## Outcome Rating Scale (ORS)

Name _____ Age (Yrs): _____ Gender _____
Session # _____ Date: _____
Who is filling out this form? Please check one: Self _____ Other _____
If other, what is your relationship to this person? _____

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Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

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**ATTENTION CLINICIAN: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.**

**Individually**  
(Personal well-being)

I-----I

**Interpersonally**  
(Family, close relationships)

I-----I

**Socially**  
(Work, school, friendships)

I-----I

**Overall**  
(General sense of well-being)

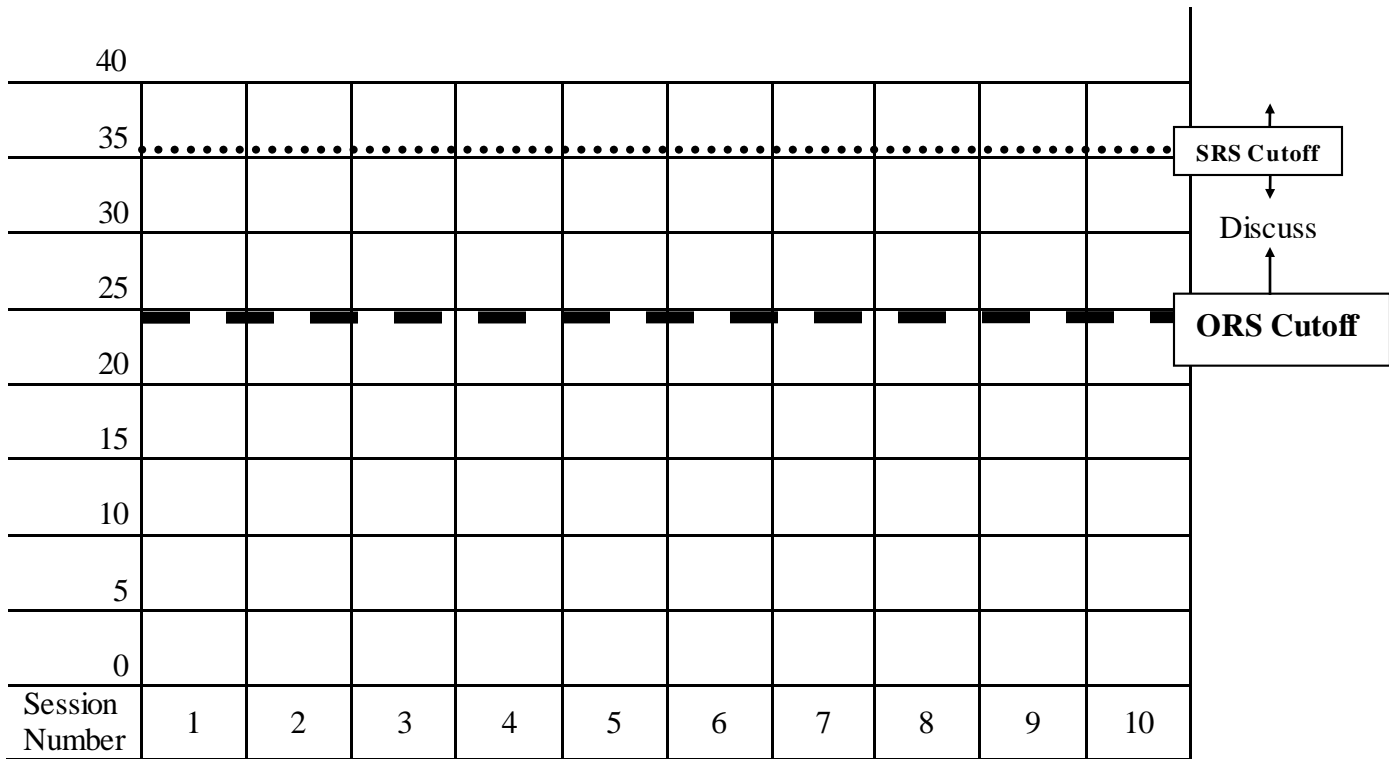
I-----I

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# Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Gender: _____
Session # _____	Date: _____

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Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

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## Relationship

I did not feel heard, understood, and respected.

I-----I

I felt heard, understood, and respected.

## Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

I-----I

We worked on and talked about what I wanted to work on and talk about.

## Approach or Method

The therapist's approach is not a good fit for me.

I-----I

The therapist's approach is a good fit for me.

## Overall

There was something missing in the session today.

I-----I

Overall, today's session was right for me.

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# Child Outcome Rating Scale (CORS)

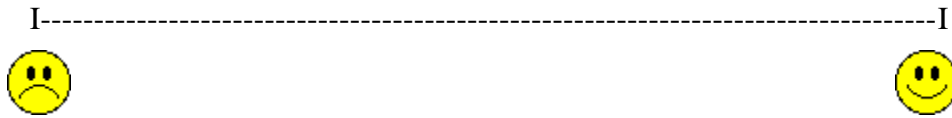
Name _____ Age (Yrs): _____
Gender: _____
Session # _____ Date: _____
Who is filling out this form? Please check one:    Child _____ Caretaker _____
If caretaker, what is your relationship to this child? _____

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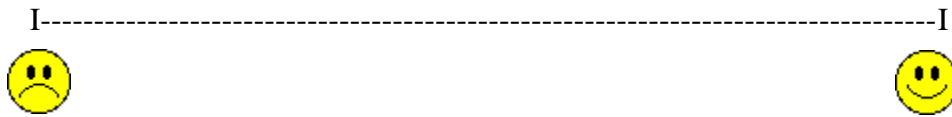
How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

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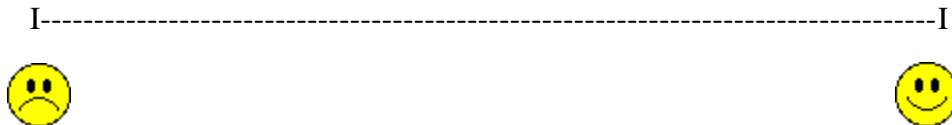
**Me**  
(How am I doing?)



**Family**  
(How are things in my family?)



**School**  
(How am I doing at school?)



**Everything**  
(How is everything going?)



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# Child Session Rating Scale (CSRS)

Name _____ Age (Yrs): _____
Gender: _____
Session # _____ Date: _____

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How was our time together today? Please put a mark on the lines below to let us know how you feel.

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## Listening

\_\_\_\_\_ I-----I \_\_\_\_\_

did not always listen to me.   listened to me.

## How Important

\_\_\_\_\_ I-----I \_\_\_\_\_

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



## What We Did

\_\_\_\_\_ I-----I \_\_\_\_\_

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

## Overall

\_\_\_\_\_ I-----I \_\_\_\_\_

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

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# Young Child Outcome Rating Scale (YCORS)

Name _____ Age (Yrs): _____
Gender: _____
Session # _____ Date: _____

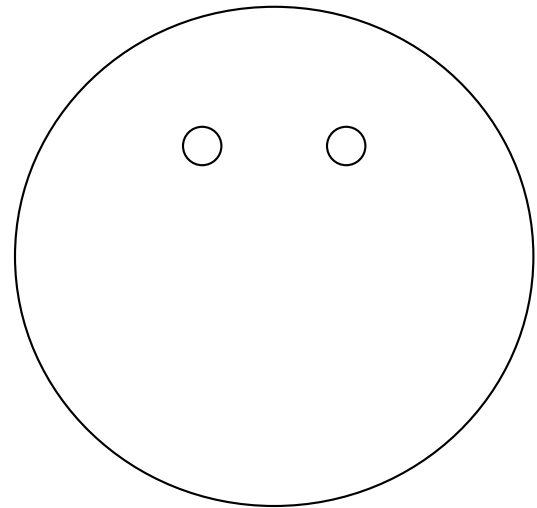
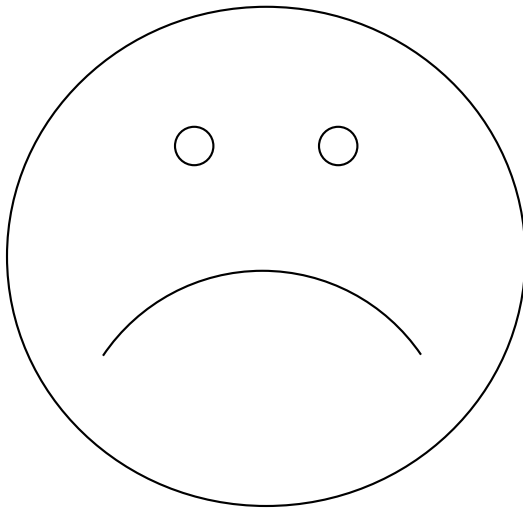
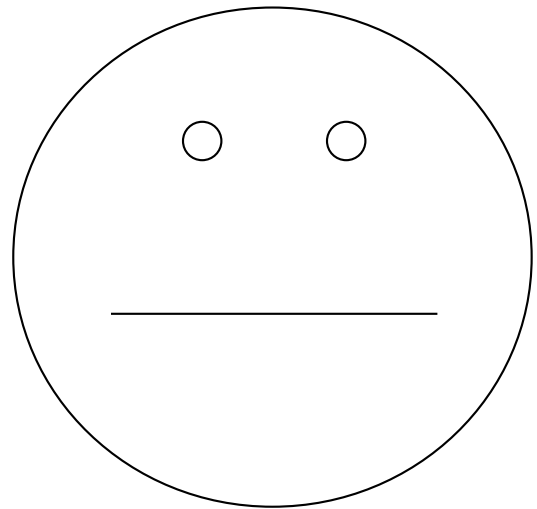
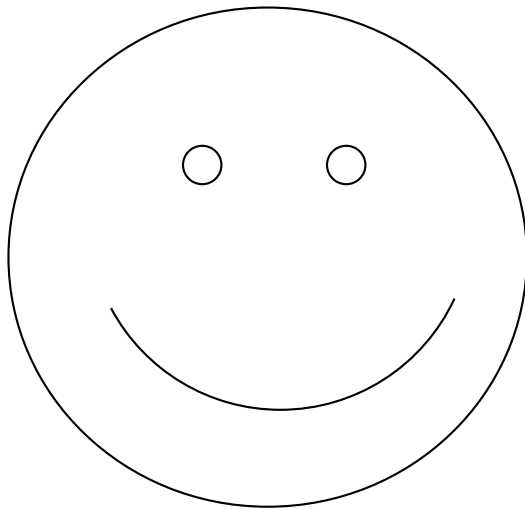
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Choose one of the faces that shows how things are going for you. Or, you can draw one below that is just right for you.

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# Young Child Session Rating Scale (YCSRS)

Name _____ Age (Yrs): _____
Gender: _____
Session # _____ Date: _____

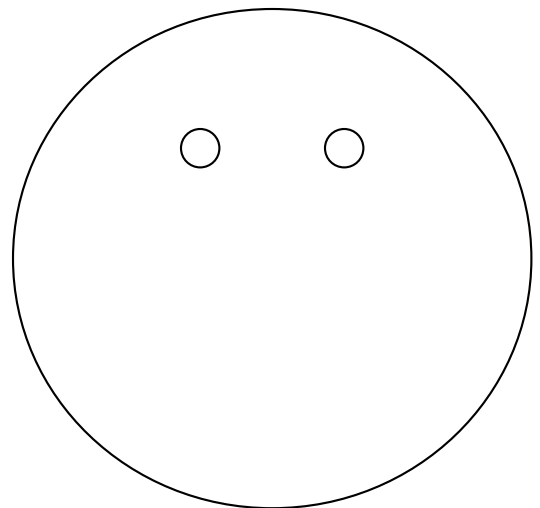
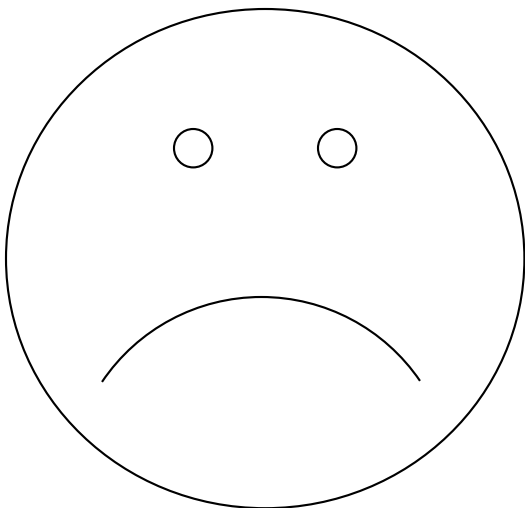
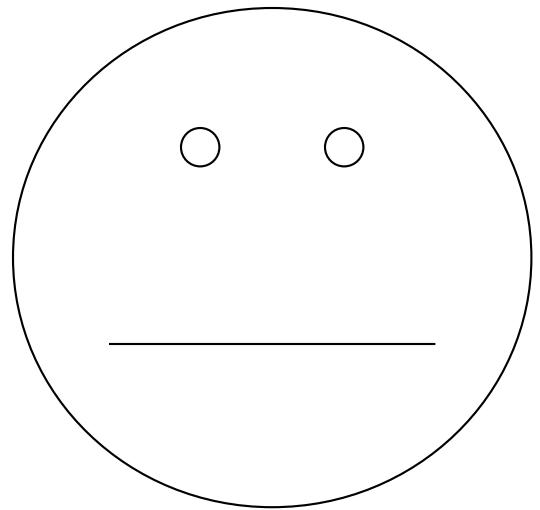
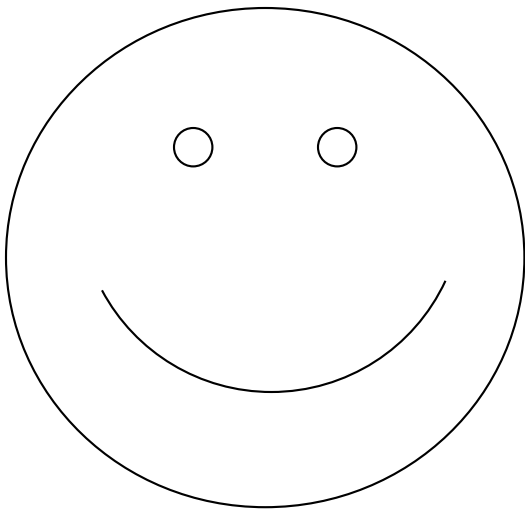
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Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.

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# Group Session Rating Scale (GSRS)

Name _____ Age (Yrs): _____
ID# _____ Gender _____
Session # _____ Date: _____

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Please rate today's group by placing a mark on the line nearest to the description that best fits your experience.

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## Relationship

I did not feel understood, respected, and/or accepted by the leader and/or the group.

I-----I

I felt understood, respected, and accepted by the leader and the group.

## Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

I-----I

We worked on and talked about what I wanted to work on and talk about.

## Approach or Method

The leader and/or the group's approach is a not a good fit for me.

I-----I

The leader and group's approach is a good fit for me.

## Overall

There was something missing in group today—I did not feel like a part of the group.

I-----I

Overall, today's group was right for me—I felt like a part of the group.

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## Scripting for Oral Version of the Outcome Rating Scale

I'm going to ask some questions about four different areas of your life, including your individual, interpersonal, and social functioning. Each of these questions is based on a 0 to 10 scale, with 10 being high (or very good) and 0 being low (or very bad).

Thinking back over the last week (or since our last conversation), how would you rate:

1. How you have been doing **personally**? (On the scale from 0 to 10)
  - a. If the client asks for clarification, you should say "yourself," "you as an individual," "your personal functioning."
  - b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
  - c. If the client gives one number for one area of personal functioning and offers another number for another area of functioning, then go with the lowest score.
2. How have things been going in your **relationships**? (On the scale from 0 to 10)
  - a. If the client asks for clarification, you should say "in your family," "in your close personal relationships."
  - b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
  - c. If the client gives one number for one family member or relationship type and offers another number for another family member or relationship type, then go with the lowest score.
3. How have things been going for you **socially**? (on the scale from 0 to 10)
  - a. If the client asks for clarification, you should say, "your life outside the home or in your community," "work," "school," "church."
  - b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
  - c. If the client gives one number for one aspect of his/her social functioning and then offers another number for another aspect, then go with the lowest score.
4. So, given your answers on these specific areas of your life, how would you rate how things are in your life **overall**?

The client's responses to the specific outcome questions should be used to transition into counseling. For example, the counselor could identify the lowest score given and then use that to inquire about that specific area of client functioning (e.g., if the client rated the items a 7, 7, 2, 5, the counselor could say, "From our responses, it appears that you're having some problems in your relationships. Is that right?") After that, the counseling proceeds as usual.

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## Scripting for Oral Administration of Session Rating Scale

I'm going to ask some questions about our session today, including how well you felt understood, the degree to which we focused on what you wanted to talk about, and whether our work together was a good fit. Each of these questions is based on a 0 to 10 scale, with 10 being high (or very good) and 0 being low (or very bad).

Thinking back over our conversation, how would you rate:

1. On a scale of 0-10, to what degree did you feel **heard and understood** today, 10 being completely and 0 being not at all?
  - a. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
  - b. If the client gives one number for heard and another for understood, then go with the lowest score.
2. On a scale of 0-10, to what degree did we **work on the issues that you wanted to work on** today, 10 being completely and 0 being not at all?
  - a. If the client asks for clarification, you should ask, "did we talk about what you wanted to talk about or address? How well on a scale from 0 – 10?"
  - b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
3. On a scale of 0-10, how well did the approach, **the way I /we worked, make sense and fit for you?**
  - a. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
  - b. If the client gives one number for make sense and then offers another number for fit, then go with the lowest score.
4. So, given your answers on these specific areas, how would you rate how things were in today's session **overall**, with 10 meaning that the session was right for you and 0 meaning that something important that was missing from the visit?
  - a. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"

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## Leeds Alliance in Supervision Scale (LASS)

Supervisee Name _____
Date of supervision session: _____

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### Instructions:

*Please place a mark on the lines to indicate how you feel about your supervision session*

This supervision session was not focused	(Approach)	This supervision session was focused
I-----I		
My supervisor and I did not understand each other in this session	(Relationship)	My supervisor and I understood each other in this session
I-----I		
This supervision session was not helpful to me	(Meeting my needs)	This supervision session was helpful to me
I-----I		

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©Wainwright, N. A. (2010). *The development of the Leeds Alliance in Supervision Scale (LASS): A brief sessional measure of the supervisory alliance*. Unpublished Doctoral Thesis. University of Leeds