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12. Modification: This agreement may not be modified or amended.

13. Transferability: This agreement may not be transferred, bartered, loaned, assigned, leased, or sold by the licensee.

14. Violations: Violations of any provision or stipulation of this agreement will result in immediate revocation of this license. Punitive damages may be assessed.

Outcome Rating Scale (ORS)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs):\_\_\_\_ Sex: M / F

Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is filling out this form? Please check one: Self\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_

If other, what is your relationship to this person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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

The Heart and Soul of Change Project

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Session Number

1

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10

Session Rating Scale (SRS V.3.0)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs):\_\_\_\_

ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F

Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship

I-------------------------------------------------------------------------I

Goals and Topics

I------------------------------------------------------------------------I

Approach or Method

I-------------------------------------------------------------------------I

Overall

I------------------------------------------------------------------------I

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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?)

I------------------------------------------------------------------------------------I

Family

(How are things in my family?)

I------------------------------------------------------------------------------------I

School

(How am I doing at school?)

I------------------------------------------------------------------------------------I

Everything

(How is everything going?)

I------------------------------------------------------------------------------------I

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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-----------------------------------------------------------------------------------I

How Important

I-----------------------------------------------------------------------------------I

What We Did

I-----------------------------------------------------------------------------------I

Overall

I-----------------------------------------------------------------------------------I

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Young Child Outcome Rating Scale (YCORS)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (Yrs):\_\_\_\_

Sex: M / F\_\_\_\_\_

Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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):\_\_\_\_

Sex: M / F\_\_\_\_\_

Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F

Session # \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship

I----------------------------------------------------------------------I

Goals and Topics

I----------------------------------------------------------------------I

Approach or Method

I----------------------------------------------------------------------I

Overall

I----------------------------------------------------------------------I

The Heart and Soul of Change Project

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I did not feel heard, understood, and respected.

I felt heard, understood, and respected.

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

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

The therapistís approach is not a good fit for me.

The therapistís approach is a good fit for me.

Overall, todayís session was right for me.

There was something missing in the session today.

SRS Cutoff

Discuss

ORS Cutoff

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listened to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ did not always listen to me.

What we did and talked about were important to me.

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

I did not like what we did today.

I liked what we did today.

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

I wish we could do something different.

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

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

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

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

The leader and the groupís approach are a good fit for me.

The leader and/or the groupís approach are/is not a good fit for me.

There was something missing in group todayóI did not feel like a part of the group.

Overall, todayís group was right for meóI felt like a part of the group.

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Outcome Rating Scale (ORS)

Scott D. Miller

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Outcome Rating Scale (ORS)

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Scott D. Miller,Ph.D.

Scott D. Miller,Ph.D.

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