**Practicum Laboratory**

Session Rating Form

Counselor-in-training’s Name: Date:

Please rate today’s session. Be honest and frank, to be the most helpful to your counselor-in-training. Read each set of descriptions. Circle the number that best describes your reaction, from 0 to 4. Use the rating system below:

(*Under* each set of statements, circle the number that best describes you feelings about today’s session)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agree with this side** | | **Neutral** | **Agree with this side** | |
| **4** | **3** | **2** | **1** | **0** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Acceptance** | | | | |
| I felt accepted. | |  | I felt criticized or judged. | |
| 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. Liking, Positive Regard** | | | | |
| My counselor-in-training liked me. | |  | The counselor-in-training pretended to like me or didn’t like me. | |
| 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. Understanding** | | | | |
| My counselor-in-training understood me and my feelings. | |  | My counselor-in-training didn’t understand me or my feelings. | |
| 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. Honesty and Sincerity** | | | | |
| My counselor-in-training was honest and sincere. | |  | My counselor-in-training was not sincere, was pretending or was not honest. | |
| 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. Agreement on Goals** | | | | |
| We worked on my goals; my goals were important. | |  | We worked on my counselor-in-training’s goals; my goals didn’t seem important. | |
| 4 | 3 | 2 | 1 | 0 |

**Session Rating Form,** *continued*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6. Agreement on Tasks** | | | | |
| I approved of the things we did in the session or what I was asked to do for homework. | |  | I didn’t like what we did in today’s session or what I was asked to do for homework. | |
| 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. Smoothness of the Session** | | | | |
| The session was smooth; I felt comfortable. | |  | The session was rough; I felt uncomfortable. | |
| 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8. Depth of the Session** | | | | |
| The session was deep. We got to the heart of things. | |  | The session was shallow. We stayed on the surface. | |
| 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9. Helpfulness, Usefulness** | | | | |
| I found the session helpful. | |  | The session was not helpful. | |
| 4 | 3 | 2 | 1 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10. Hope** | | | | |
| I felt hopeful after the session. | |  | I felt hopeless after the session. | |
| 4 | 3 | 2 | 1 | 0 |

What could help the next session go better?

Copyright © 1994 by Lynn D. Johnson

This form may be duplicated if the copyright notice is included.

# ADDITIONAL OPTION FOR TRACKING CLIENT PROGRESS: You may also consider the Outcome Rating Scale and Session Rating Scales from www.talkingcure.com. The ORS asks the client to rate their overall progress in life over the past week (or so), and the SRS is given to the client at the end of each session in order to assess the client’s rating of the current session. To use either form, counselors-in-training need to register at the talkingcure website, as per its author, Dr. Scott Miller.