

SESSION EVALUATION



Date: _____

Session _____

1. In this session, we discussed important concerns and issues.
Not at All A Little Moderate Amount Very Much

2. In this session, we explored new ways to deal with concerns and issues.
Not at All A Little Moderate Amount Very Much

3. During the session, we addressed goals of therapy.
Not at All A Little Moderate Amount Very Much

4. Overall, how helpful was this session.
Not at All A Little Moderate Amount Very Much

5. What was most helpful about this session?

6. What was least helpful about this session?

7. What would you change in this session?

8. What will you remember from this session?

