

Today's Date: _____

Instructions: Check off the days of the week that you do each practice. Complete the questions at the bottom soon after today's session. Bring the form to your next session.

SESSION PRACTICE AND FEEDBACK FORM	M	Tu	W	Th	F	Sa	Su
1:							
2:							
3:							
4:							

What are one or more things you got from today's session?

On a 10 point scale, how would you rate the following items: A) to F)?

1 2 3 4 5 6 7 8 9 10
Not at all A little bit Moderately Much Very Much

A) Helpfulness/effectiveness of the session: _____

a. What was helpful/do you want more of?

b. What was not helpful/do you want less of?

B) How connected you felt to your therapist: _____

C) How present you were in the session: _____

D) How confident are you that you are progressing toward your therapy goals: _____

E) Any unmet needs in today's session?

F) How helpful was the practice? (Wait until the end of the week to answer this question): _____

G) How open were you in answering these questions (0-100%): _____

Please write any other comments on the back