

# Family Session Feedback

Please rate each item below based on today's session, using a 1-5 rating scale.

- 1. The therapist listened to our family. 1 2 3 4 5

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- 2. We are making progress toward our goal(s). 1 2 3 4 5

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- 3. Today's session aligned with our treatment plan. 1 2 3 4 5

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- 4. The therapist helped us problem solve any barriers to getting to our appointment. 1 2 3 4 5

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- 5. We feel more prepared to handle our problem(s). 1 2 3 4 5

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- 6. We know what we need to work on between now and our next session. 1 2 3 4 5

7. What was the best thing about today's session?

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8. Please share anything else you would have liked to discuss in today's session?

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