

Group Session Rating Scale (GSRS)

Name _____ Age (Yrs): _____
ID# _____ Gender _____
Session # _____ Date: _____

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

Relationship

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

I-----I

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

Goals and Topics

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

I-----I

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

Approach or Method

The leader and/or the group's approach is a not a good fit for me.

I-----I

The leader and group's approach is a good fit for me.

Overall

There was something missing in group today—I did not feel like a part of the group.

I-----I

Overall, today's group was right for me—I felt like a part of the group.

International Center for Clinical Excellence

www.scottdmiller.com

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