

## Cognitive Therapy Scale Feedback Form for supervisors Worksheet

Patient Name:	Supervisor Name:
Session:	Institution:
Patient's ID:	Date:

**Directions: For each time, assess the therapist on a scale from 1 to 5, and record the rating against each feedback statement.**

	Strongly Agree	Some what Agree	Neutral	Somewh at Disagree	Strongly Disagree
Feedback	1	2	3	4	5
The therapist was available for sessions					
The therapist was always on time					
The agenda was decided mutually					
The therapist displayed warmth, concern, confidence, genuineness, and professionalism					
The therapist focused on specific cognitions or behaviors relevant to the target problem.					
The therapist applied cognitive techniques effectively					
The therapist attempted to elicit specific thoughts, assumptions, images, meanings, or behaviors					
The therapist took feedback at the end of every session					
The therapy turned out to be beneficial for me					
The therapist was responsive to my needs					
My therapist followed my lead during our sessions whenever that was appropriate.					
My sessions started and ended at the proper time.					

My overall level of satisfaction with the service provided by my therapist

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