

Session Feedback Scale

Name _____ Age (Yrs):__ Gender:_____

Session # ___ Date: _____

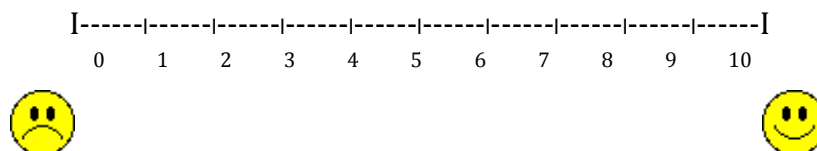
Who is filling out this form? Please check one: Child____ Caretaker____

If caretaker, what is your relationship to this child? _____

How was our time together today? Please put a mark on the lines below to let us know how you feel.

What we did today was uncomfortable and did not suit my needs and

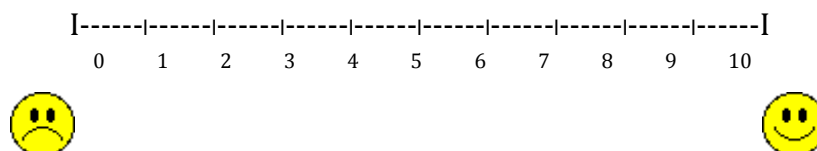
Comfort



What we did today was comfortable and suited my needs and ability

I did not like what we did today.

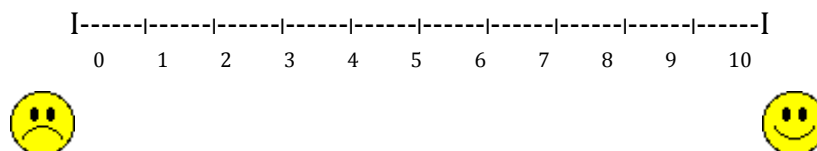
Enjoyment



I liked what we did today.

I did not always notice how my body was moving during

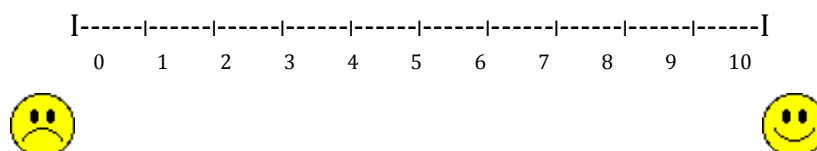
Body Awareness



I noticed how my body was moving during the session.

Overall I disliked this

Overall



Overall I liked the session