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Skattning av förändring

Outcome Rating Scale (ORS)

Namn: _____ Ålder: _____ år

Kön: _____ Möte nr: _____ Datum: _____

När du ser tillbaka på den senaste veckan – inklusive idag – kan du då hjälpa oss att förstå hur du har haft det, genom att markera på skalorna hur du upplever att det har fungerat för dig, inom följande områden i ditt liv:

Markeringar till vänster anger en lägre nivå av tillfredsställelse, och markeringar till höger en högre nivå av tillfredsställelse

Individuellt
personligt välbefinnande

|.....|

Nära relationer
familj och andra nära relationer

|.....|

Socialt
arbete, skola, vänner

|.....|

Allmänt
livet som helhet

|.....|

International Center for Clinical Excellence

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Skattning av samtal

Session Rating Scale (SRS)

Namn: _____ Ålder: _____ år
Kön: _____ Möte nr: _____ Datum: _____

Var vänlig och skatta dagens samtal genom att sätta en markering på linjen
– sätt markeringen i det läge som bäst stämmer med din upplevelse:

Relation

Jag kände mig inte
hörd, förstådd och
respekterad.

|.....|

Jag kände mig hörd,
förstådd och
respekterad.

Mål och Ämnen

Vi arbetade inte med
eller pratade inte om
det som jag ville arbeta
med och prata om.

|.....|

Vi arbetade med eller
pratade om det som
jag ville arbeta med
och prata om.

Sätt att arbeta eller Metod

Sättet vi arbetade på
passar mig inte.

|.....|

Sättet vi arbetade på
passar mig bra.

Allmänt

Det var något som
saknades i dagens
samtal.

|.....|

Dagens samtal passade
mig helt.

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Skattning av förändring: barn och ungdomar

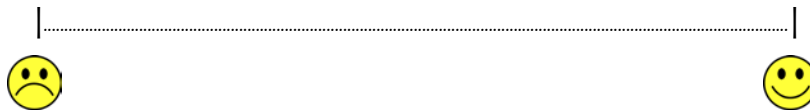
Child Outcome Rating Scale (CORS)

Namn: _____ Ålder: _____ år
Kön: _____ Möte nr: _____ Datum: _____

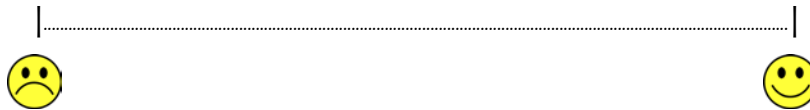
Hur mår du? Hur går det för dig? Hur är ditt liv just nu?

Sätt ett kryss på de nedanstående skalorna – ju närmare den glada gubben, desto bättre mår/fungerar du, medan ett kryss mot det andra hållet visar att du mår/fungerar sämre.

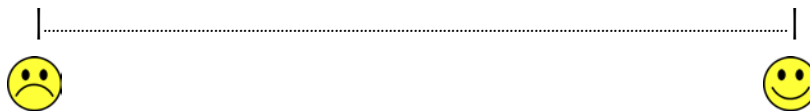
Jag
Hur har jag det?



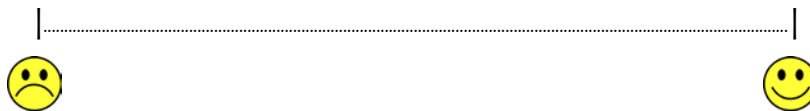
Familjen
Hur är det i min familj



Skolan
Hur går det i skolan?



Allt
Hur går det i livet?



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Skattning av samtal: barn och ungdomar

Child Session Rating Scale (CORS)

Namn: _____ Ålder: _____ år

Kön: _____ Möte nr: _____ Datum: _____

Hur var det att vara här idag?
Sätt ett kryss på linjen för att visa oss hur du tyckte det var:

Lyssnade

Jag tycker inte du lyssnade på mej hela tiden.



.....



Jag tycker att du lyssnade på mej.

Hur viktigt

Det vi gjorde och pratade om var inte så viktigt för mej.



.....



Det vi gjorde och pratade om var viktigt för mej.

Det vi gjorde

Jag gillade inte det vi gjorde idag.



.....



Jag gillade det vi gjorde idag.

Alltihop

Jag önskar att vi kan göra något annat.



.....



Jag hoppas vi ska göra samma sorts saker nästa gång.

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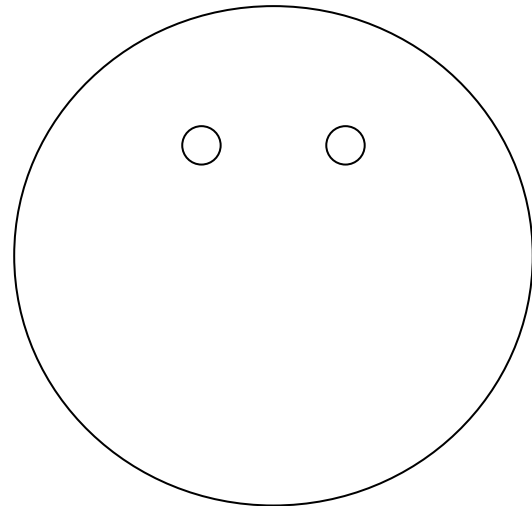
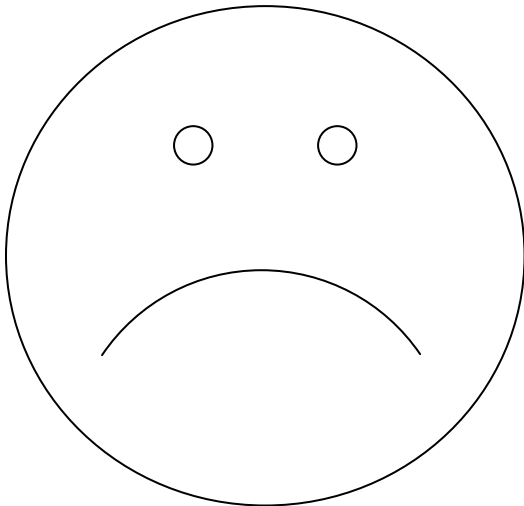
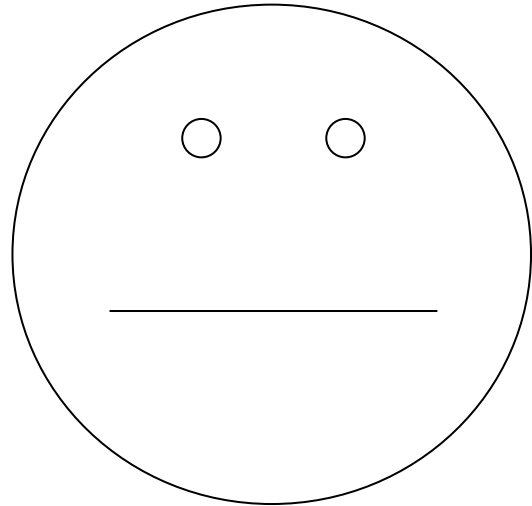
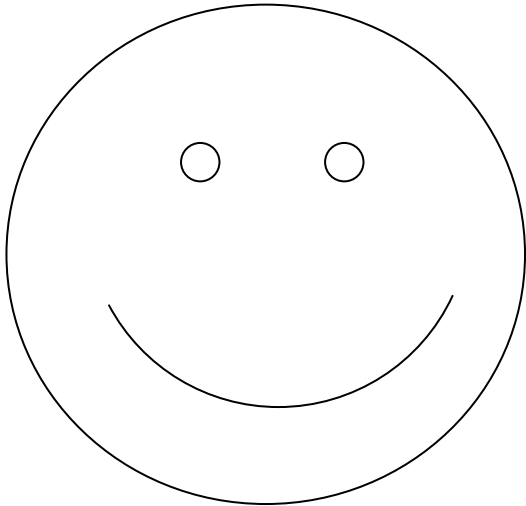
Skattning av förändring: små barn

Young Child Outcome Rating Scale (YCORS)

Namn: _____ Ålder: _____ år

Kön: _____ Möte nr: _____ Datum: _____

Välj ett ansikte som visar hur det går för dej.
Eller så kan du rita ett eget ansikte som du tycker passar dig:



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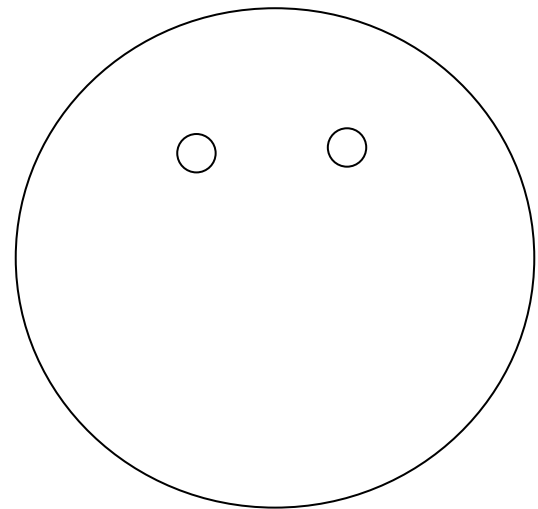
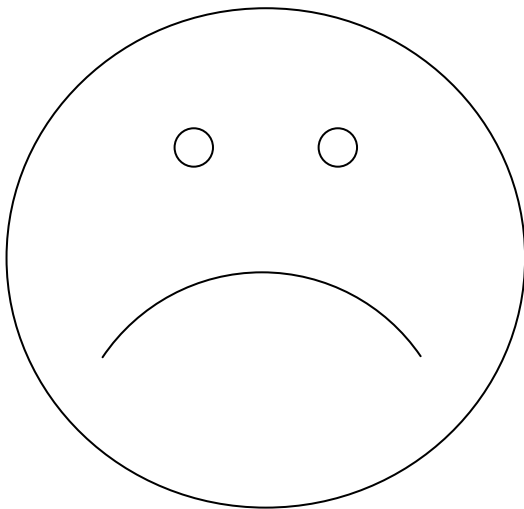
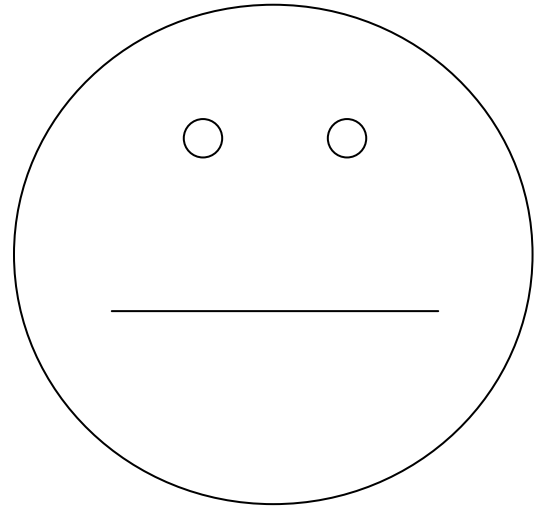
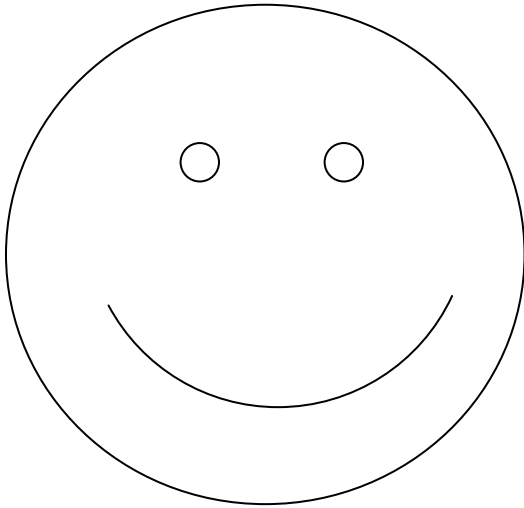
Skattning av samtal: små barn

Young Child Session Rating Scale (YCSRS)

Namn: _____ Ålder: _____ år

Kön: _____ Möte nr: _____ Datum: _____

Välj ett ansikte som visar hur det var för dig att vara här idag.
Eller så kan du rita ett eget ansikte som stämmer för dig:



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Namn: _____

