

## Session Assignment and Feedback Form (SAFF)

Today's Date and Session # \_\_\_\_\_

Next Session \_\_\_\_\_

ID # \_\_\_\_\_

**Instructions:** Complete this form and bring it to your next therapy session.

|    |             |     |     |     |     |     |     |     |
|----|-------------|-----|-----|-----|-----|-----|-----|-----|
| I. | Assignments | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|    |             |     |     |     |     |     |     |     |
|    |             |     |     |     |     |     |     |     |
|    |             |     |     |     |     |     |     |     |
|    |             |     |     |     |     |     |     |     |

**Complete immediately after session**

II. What are 1-2 things you want to remember from session?

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III. What did you find unhelpful, unclear, or bothersome?

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|     |  |  |   |   |   |   |   |
|-----|--|--|---|---|---|---|---|
|     |  | Not at All Slightly Somewhat Moderately Very Extremely                               |   |   |   |   |   |
|     |  |  |   |   |   |   |   |
| IV. | 1. How well did you feel heard and understood in session?                    | 0  | 1 | 2 | 3 | 4 | 5 |
|     | 2. How well did we agree on what is causing your problems?                   | 0  | 1 | 2 | 3 | 4 | 5 |
|     | 3. How well did today's session help address your problems?                  | 0  | 1 | 2 | 3 | 4 | 5 |
|     | 4. How confusing was today's session?  | 0  | 1 | 2 | 3 | 4 | 5 |
|     | 5. How confident are you that you are progressing toward your therapy goals? | 0  | 1 | 2 | 3 | 4 | 5 |

**Complete before next session**

V. What do you want to discuss next session?

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|     |                                      |  |   |   |   |   |   |
|-----|--------------------------------------|--|---|---|---|---|---|
|     |                                      | Not at All Slightly Somewhat Moderately Very Extremely                               |   |   |   |   |   |
|     |                                      |  |   |   |   |   |   |
| VI. | 6. How helpful were the assignments? | 0  | 1 | 2 | 3 | 4 | 5 |

## Session Assignment and Feedback Form (SAFF)

### **Instructions for Completing the Session Assignment and Feedback Form (SAFF)**

This form is designed to help you and your therapist work together to maximize your learning and progress toward your therapy goals.

- I. This section lists assignments that you and your therapist agree you will do before your next session. Check the appropriate day of the week box when you work on an assignment on that day.

#### ***Complete immediately after session***

- II. Write down one or two things from your therapy session that you would like to remember. Completing this section will help you solidify your learning and create a record of important things you learned in treatment that you can keep and refer to later.
- III. Write down anything that was unhelpful, unclear, or bothersome during your therapy session. This information will help your therapist better understand your needs and tailor your therapy accordingly.
- IV. Rate your therapy session on these five items. Extreme ratings should be reserved for sessions in which you feel you made tremendous progress, had a break-through, or the opposite (e.g., you disagreed with your therapist, you didn't feel heard). Liking your therapist does not mean that you should give him/her the highest ratings possible. Please be as honest as possible with your ratings.

#### ***Complete before next session***

- V. Think about what you'd like to discuss in your next therapy session and jot it down.
- VI. Complete this item based on your experience with the assignment(s). This information can guide you and your therapist to plan assignments that will be most helpful.