



Association for Cognitive Analytic Therapy

Rating Sheet

Name:		Therapist:				Date of First Consultation:								
Problem	Aim		5	6	7	8	9	10	11	12	13	14	15	16
		+												
		-												
		+												
		-												
		+												
		-												
		+												
		-												
Session Number			5	6	7	8	9	10	11	12	13	14	15	16
Date														