CLINICAL
OUTCOMES in
ROUTINE
EVALUATION

Administration Checklist v.2

Site ID | | | |

Client ID letters | | numbers | | | | | | | **Therapist ID** | | |

Post-therapy

	Yes	No*	*Reason
1. **CORE Outcome Measure:** completed by client:	❑	❑	
2. **Therapy Assessment Form:** completed by therapist	❑	❑	

Post-therapy

	Yes	No*	*Reason
1. **CORE Outcome Measure:** completed by client:	❑	❑	
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