



**ETT[®] International
Association**

ETT Session Documentation

Date: _____

Supervising Trainer: _____

Current Training Level: (Circle) 1 – 2 – 3 – 4 – 5

Trainee Therapist: _____

Client Name: _____

ETT Tool Used: (Circle) G – W – SC – L

Client Age: _____ Client Sex: _____ Client Diagnosis: _____

Session Objective: _____

Presenting Problem/Issue: _____

Attachment Style: (Circle) Secure – Av – R/Am – Dis – RR – Un – Agg – PsySom – Ex – In – No

Observed Emotions: _____

Reported SUDS Level: _____ (Beginning)

Reported SUDS Level: _____ (End of session)

Physical Sensations/Reported Responses: _____

Progress Report: _____

Conclusions/Level of Effectiveness: _____

Is client willing to be contacted for follow up of changes? Y - N Signature: _____

If Yes the Contact email: _____

(Please print clearly)

Name of Objective Assessment Instrument Used: _____

Pre-Treatment Scores/Results: _____ Post-Treatment Scores/Results: _____