

Art Therapy Session Self-Evaluation

Date of Session

Session Number

Describe the art activity or theme explored

What materials did you use?

How did you feel before the session?

How did you feel after the session?

What did you notice about your art and process today?

What was challenging during this session?

What did you enjoy or find helpful?

What insights or learnings did you gain?

Would you like to focus on something specific next time?

