

CIRCLE OF SECURITY PARENTING™ (COSP™) EVALUATION PACKET

INSTRUCTIONS FOR FACILITATORS WORKING WITH CAREGIVERS

This evaluation packet contains the forms (and links to the forms) that will be used to evaluate COSP. We appreciate all facilitators participating in this process.

List of Forms:

- Participant Survey (English and Spanish)
- Facilitator Survey
- Attendance Sheet

Using Electronic Forms? → Here is when and how to submit:

- At the end of the last session (week 8), ask participants to complete the survey linked below. If you need verification of participant surveys being completed, please contact Sami Bradley at sbradley@nebraskachildren.org.
 - <https://tinyurl.com/COSParent>
- At the end of the last session (week 8), complete the survey linked below AND—only for sessions funded by Nebraska Children— submit verification of the facilitators survey to your coordinator.
 - <https://tinyurl.com/CoSFacilitator>
- Use the paper copy to track attendance throughout the program. After the last session, complete the survey link below using your paper copy AND—only for sessions funded by Nebraska Children— submit verification of the facilitators survey to your coordinator.
 - <http://tinyurl.com/COSPAttendance>

Using Paper/Hard Copy Forms AND Your Sessions are Funded by Nebraska Children? → Here is when and how to submit:

- At the end of the last session (week 8), 1) ask participants to complete the Participant Survey, 2) complete the Facilitator Survey, and 3) finalize the attendance sheet that you have utilized throughout the program. Provide all these documents to your community coordinator and ensure that the coordinator uploads these to the COSP folder in Box.

Using Paper/Hard Copy Forms AND Your Sessions are Funded by a Source Other Than Nebraska Children? → Here is when and how to submit:

- At the end of the last session (week 8), 1) ask participants to complete the Participant Survey, 2) complete the Facilitator Survey, and 3) finalize the attendance sheet that you have utilized throughout the program. Scan copies of all these documents and email to Sami Bradley at sbradley@nebraskachildren.org.

Key Contacts:

Primary Investigator, Barbara Jackson, Ph.D. Munroe-Meyer Institute, bjackso@unmc.edu
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CIRCLE OF SECURITY PARENTING™: Participant Survey

What is your Participant ID? (First two letters of participant's first name, first two letters of last name, two digit month of birth, two digit day of birth. Example: Sally Jones Thompson DOB 10/16/1980 will be SAJO1016) _____

Date: _____ County: _____

Please write the last name of your COSP™ program Facilitator: _____

I completed this Circle of Security Parenting™ program: ___ Online ___ In-Person ___ Online and In-Person

Consent to participate in the program evaluation.

You have just completed Circle of Security Parenting™. This is to inform you that Munroe-Meyer Institute at the University of Nebraska Medical Center is using the information from this survey to evaluate this program. By taking this survey, you are agreeing that your information can be used for the evaluation. All data collected will only be summarized as a group. No individual responses will be reported. If you do not wish to participate in the evaluation, please do not complete this survey.

Please **circle** the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Meeting with a group of parents was helpful to me.	1	2	3	4	5
2. The leader did a good job working with my group	1	2	3	4	5

Please **circle** the number that best describes how much you agree or disagree with the statement **BEFORE** you attended the Circle of Security Parenting™ program and **NOW**, after you completed the Circle of Security Parenting™ program.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3. My level of stress about parenting is high.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
4. I have a positive relationship with my child (ren).	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
5. I recognize the behaviors that trigger my negative response to my child (i.e. my "shark music.")	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
6. I identify and respond to my child's needs for support to explore and for comfort and contact (the top and the bottom of the Circle).	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
7. When I fail to respond to my child's need (I step off the Circle), I look for a way to repair our relationship.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
8. I step back and think about what my child's behavior is telling me about his/her needs before I react. (the Circle and Hands)	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
9. I feel confident that I can meet the needs of my child (ren).	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5

Please turn over

This survey was adapted from New Haven CT COS by faculty and staff at Munroe-Meyer Institute at the University of Nebraska Medical Center and Nebraska Children and Families (2014). Page 1

10. Is there anything else you would like to tell us about your experience with the Circle of Security Parenting™ Program?

11. Why did you decide to try to join this program?

12. How did you hear about Circle of Security Parenting™? Check all that apply

- Friend Therapist Child care provider
- Court System School Print or Social Media
- Other: _____

13. Gender: Male Female

14. Race/Ethnicity:

- White Black or African American Hispanic or Latino
- Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
- Other: _____

15. Are you a military family? yes no

16. How many children do you have? _____

17. What are the ages of your child (ren)? Check all that apply:

- Infant/Toddler (newborn up to age 3) Preschool (ages 3 to 5) Kindergarten School-age

18. What is your age? <19 19-30 31-50 51 or older

19. Are you: Parent Grandparent Foster Parent Partner Guardian

Other: _____

20. Is your child eligible for Free or Reduced Lunch or Child Care Subsidy (Title XX) yes no

Satisfaction Survey: Please **circle** the number that best describes how much you agree or disagree with the statement.

I felt respected and valued as a participant.	1	2	3	4	5
I have learned new techniques that improve my interactions with my child or children. Please note if not applicable.	1	2	3	4	5
I feel my family relationships are better than before.	1	2	3	4	5



This survey was adapted from New Haven CT COS by faculty and staff at Munroe-Meyer Institute at the University of Nebraska Medical Center and Nebraska Children and Families (2014). Page 2

CÍRCULO DE SEGURIDAD CRIANZA™: Encuesta para Participantes

¿Cuál es su número de participante? (Las dos primeras letras del primer nombre, las dos primeras letras del apellido, los dos dígitos del mes de nacimiento, los dos dígitos del día de nacimiento. Ejemplo: Sally Jones Thompson fecha de nacimiento 10/16/1980 sería SAJO1016) _____

Fecha: _____ Condado: _____

Por favor escriba el apellido de su Facilitador del programa COSP™: _____

He completado este programa de COSP™: En línea En persona En línea y en persona _____

Consentimiento para participar en la evaluación del programa

Acaba de completar Círculo de Seguridad Crianza™. Esto es para informarle que el Instituto Munroe-Meyer del Centro Médico de la Universidad de Nebraska está utilizando la información de esta encuesta para evaluar este programa. Al completar esta encuesta, usted está de acuerdo en que su información se puede utilizar para la evaluación. Todos los datos recopilados solo serán reportados en grupo. Respuestas individuales no serán reportadas. Si no desea participar en esta evaluación, por favor no complete esta encuesta.

Por favor **circule** el número que mejor describa que tan de acuerdo o en desacuerdo está usted con el enunciado.

	Totalmente en desacuerdo	Desacuerdo	Neutral	De acuerdo	Totalmente de acuerdo
1. Reunirme con un grupo de padres fue de ayuda para mí.	1	2	3	4	5
2. El líder hizo un buen trabajo con mi grupo.	1	2	3	4	5

Por favor **circule** el número que mejor describa que tan de acuerdo o en desacuerdo está usted con el enunciado **ANTES** de que usted asistiera al programa de COSP™; y **AHORA** después de completar el programa de COSP™.

		Totalmente en desacuerdo	Desacuerdo	Neutral	De acuerdo	Totalmente de acuerdo
3. Mi nivel de estrés relacionado con la crianza es alto.	ANTES	1	2	3	4	5
	AHORA	1	2	3	4	5
4. Tengo una relación positiva con mi(s) hijo/a(s).	ANTES	1	2	3	4	5
	AHORA	1	2	3	4	5
5. Reconozco las conductas que activan respuestas negativas hacia mi(s) hijo/a(s) (Por ejemplo: mi "música de tiburón")	ANTES	1	2	3	4	5
	AHORA	1	2	3	4	5
6. Identifico y respondo a las necesidades de exploración, comodidad y contacto de mi hijo/a (La parte superior e inferior del Círculo)	ANTES	1	2	3	4	5
	AHORA	1	2	3	4	5
7. Cuando fallo en responder a las necesidades de mi hijo/a (salgo del círculo), busco la forma de reparar nuestra relación.	ANTES	1	2	3	4	5
	AHORA	1	2	3	4	5
8. Espero un momento y pienso en lo que el comportamiento de mi hijo/a me dice sobre sus necesidades antes de que yo reaccione. (El círculo y manos)	ANTES	1	2	3	4	5
	AHORA	1	2	3	4	5
9. Me siento seguro/a de poder cubrir las necesidades de mi(s) hijo/a(s).	ANTES	1	2	3	4	5
	AHORA	1	2	3	4	5

Por favor pase a la siguiente página

Esta encuesta fue adaptada de New Haven CT COS por facultad y personal del Instituto Munroe-Meyer en el Centro Médico de la Universidad de Nebraska y Niños y Familias de Nebraska (2014). Página 1

10. ¿Hay algo más que le gustaría decirnos sobre su experiencia con el programa de Círculo de Seguridad de Crianza™?

11. ¿Por qué decidió integrarse a este programa?

12. ¿Cómo se enteró de Círculo de Seguridad Crianza™? Marque todas las que aplican

- Amigo Terapeuta Centro de cuidado infantil
- En la corte Escuela Propaganda o Medio social
- Otro: _____

13. Sexo: Masculino Femenino

14. Raza/Etnicidad:

- Caucásico Afroamericano Hispano o Latino
- Asiático Indio Nativo o Nativo de Alaska Hawaiano Nativo o de otra Isla del Pacifico
- Otro: _____

15. ¿Su familia es parte del ejército militar? sí no

16. ¿Cuántos hijos tiene? _____

17. ¿Qué edad(es) tiene(n) su(s) hijo(s)? Marque todos los que aplican:

- Bebé/infante (recién nacido a 3 años) Preescolar (3 a 5 años) Jardín de niños Edad escolar

18. ¿Qué edad tiene usted? menor de 19 19-30 31-50 51 o mayor

19. Usted es: Padre/Madre Abuelo/a Padre Adoptivo Pareja Tutor
 Otro: _____

20. ¿Es su hijo elegible para almuerzo gratis o a precio reducido o Subsidio para Cuidado Infantil (Título XX)? sí no

Encuesta de Satisfacción: Por favor **circule** el número que mejor describa que tan de acuerdo o en desacuerdo está usted con el enunciado.

Me sentí respetado y valorado como participante.	1	2	3	4	5
He aprendido nuevas técnicas que mejoran mis interacciones con mi(s) hijo(s). Por favor marque si no aplica.	1	2	3	4	5
Siento que mis relaciones familiares son mejores que antes.	1	2	3	4	5



CIRCLE OF SECURITY PARENTING™: Facilitator Survey

Facilitator Name: _____

Date: _____

Sponsoring Agency: _____

County: _____

Number of Individuals in Program: _____

Number of Families in Program: _____

How was the program taught? Online In Person Online and In Person

1. Was child care provided? yes no
2. Was food provided? yes no
3. Was transportation provided? yes no
4. Were incentives provided to parents to attend? yes no If yes, please indicate the incentive:

4a. What agencies, organizations, or programs helped support this program either financially or through in-kind donations?

Planning Region Team Head Start Rooted in Relationships (NCFE)
 Sixpence DHHS Community Well-Being (NCFE)
 Behavioral Health Region Parent Fees Nebraska Child Abuse Prevention Funds (NCAFP)
 Other _____

5. Where was the Circle of Security Parenting™ program held?

School ESU Child care center
 Private practice office Hospital Community Center
 Church or religious center Other _____

6. Did you participate in reflective consultation while you facilitated this program? yes no
If yes, who provided the consultation? _____

If no skip to question 8.

7. I participated in reflective consultation:
 weekly 1-2 x per month other _____

8. How many individuals did you refer for additional services? _____.

Please circle the referred services:

Counseling Special education services Social services for housing or food assistance
Child care Health services Other _____

9. Please list successes and/or breakthroughs you saw parents experience **during** the Circle of Security Parenting™ program.

Please turn over.

10. What were some of the challenges you experienced in leading the program?

11. What do you plan to do differently, if anything, the next time you lead a Circle of Security Parenting™ program?

12. Is there anything else you would like to share about your experience in leading this program?

In a paragraph or two, please share one or two success stories that demonstrate the impact of the Circle of Security Parenting™ program.

Thank you for your feedback.



This survey was adapted from New Haven CT COS by faculty and staff at Munroe-Meyer Institute at the University of Nebraska Medical Center and Nebraska Children and Families (2014). Updated 4.15.2020

