

## 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.	<b>BEFORE</b>	1	2	3	4	5
	<b>NOW</b>	1	2	3	4	5
4. I have a positive relationship with my child (ren).	<b>BEFORE</b>	1	2	3	4	5
	<b>NOW</b>	1	2	3	4	5
5. I recognize the behaviors that trigger my negative response to my child (i.e. my "shark music.")	<b>BEFORE</b>	1	2	3	4	5
	<b>NOW</b>	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).	<b>BEFORE</b>	1	2	3	4	5
	<b>NOW</b>	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.	<b>BEFORE</b>	1	2	3	4	5
	<b>NOW</b>	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)	<b>BEFORE</b>	1	2	3	4	5
	<b>NOW</b>	1	2	3	4	5
9. I feel confident that I can meet the needs of my child (ren).	<b>BEFORE</b>	1	2	3	4	5
	<b>NOW</b>	1	2	3	4	5

**Please turn over**

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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



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