

## 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 HavenCT 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

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