

Family ID: (First and Last initial and date of birth, ex: rz02251970) _____ Date: _____

County: _____

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 class and **NOW**, after you completed the Circle of Security-Parenting class.

		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.

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

11. Why did you decide to join this class?

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. Ethnicity: Hispanic/Latino Not Hispanic or Latino

15. Race:

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

16. Are you a military family? yes no

17. How many children do you have? _____

18. 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

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

20. Are you: parent grandparent foster parent partner guardian
 Other: _____

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

Consent to participate in the program evaluation.

As part of the program evaluation of Circle of Security-Parenting, we would like to share your survey responses with the Munroe-Meyer Institute Interdisciplinary Center for Program Evaluation. Your name will not be recorded and your survey responses will be combined with all the other surveys collected and reported as a whole. Please check the box below and sign the consent if you are willing to share your survey with the program evaluators.

I give permission for COS-P Parent Educator to share this survey with the Nebraska Children and Munroe-Meyer Institute (MMI) Interdisciplinary Center for Program Evaluation for the purpose of program evaluation. I understand that my name will NOT be recorded.

Signature

Date