



## Participant Survey

Name or ID: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

11. Why did you decide to enroll in COSP?

12. How did you hear about Circle of Security Parenting? Check all that apply  
 Friend                       Therapist                       Childcare provider  
 Court System                       School/Head Start                       Print or Social Media  
 Other: \_\_\_\_\_  
\_\_\_\_\_

13. To which gender identity do you most identify?  
 male                       female                       non-conforming                       other \_\_\_\_\_

14. Ethnicity:  Hispanic/Latino                       Not Hispanic or Latino

15. Race (check all that apply):  
 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                       Teenage

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