

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Participating in this program was helpful to me.	1	2	3	4	5
The facilitator was supportive and met my needs.	1	2	3	4	5

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

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I understand when my child needs to explore and go out (top of the circle) and when they need to come back in for reassurance and comfort (bottom of the circle).	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
I recognize that my child's behavior is communicating an unmet need.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
I recognize that my own past influences my present responses to my child.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
I recognize the behaviors that trigger my negative response to my child (my "shark music.")	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
When I fail to respond to my child's needs (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
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
I recognize when my child's behavior shows their need (cues) and when my child's behavior hides their need (miscues).	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
I recognize times when I lose the balance of Bigger, Stronger, Kind and Wise, and sometimes go to Mean, Weak, or Gone.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
I can Be With my child in all of their feelings.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
I understand how to help my child organize their feelings.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5
I feel confident that I can meet the emotional needs of my children.	BEFORE	1	2	3	4	5
	NOW	1	2	3	4	5

Group ID (eg LDC Teachers, Circle Up, or other group identifier): \_\_\_\_\_

Your caregiver role: \_\_\_\_\_ parent \_\_\_\_\_ grandparent \_\_\_\_\_ foster parent \_\_\_\_\_ guardian other: \_\_\_\_\_

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

Your gender: \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ prefer not to say

Your Ethnicity: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Not Hispanic or Latino

Your Race (check all that apply): \_\_\_\_\_ Native American or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Other

How many children do you care for? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Do you care for a child/children with special needs or learning differences? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been the primary caregiver of all the children currently in your care since their birth? \_\_\_\_\_ Yes \_\_\_\_\_ No

**What is one thing you are doing differently now because of your participation in Circle of Security Parenting?**

**What is one thing that you would tell another person about Circle of Security Parenting?**

Facilitator name: \_\_\_\_\_

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

Group Identification: \_\_\_\_\_