

Circle of Security Caregiver Reflection Survey 2023-24

You have just completed Circle of Security Parenting. This is to inform you that United Way of greater New Haven 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.

* Required

Participant Information

1.	Please provide your participant ID for agency records, type your first and last name initials and the last two digits of your phone number (i.e KT37)

2.	Today's Date *
3.	Name of your group's facilitator *
4.	What Agency provided this Circle of Security group? (If unsure please ask your facilitator) *
5.	How old are you? *
	Under 18
	18-24
	25-34
	35-44
	45-54
	55-64
	Over 65

6.	To which gender do you most identify? *							
	\bigcirc	Woman						
	\bigcirc	Man						
	\bigcirc	Non-binary						
	\bigcirc	Prefer not to say						
	\bigcirc	Other						
7.	Wha	t town are you from? *						

8.	Wha	at is your current relationship status? *					
	\bigcirc	Single					
	\bigcirc	Married					
	\bigcirc	In a serious relationship but not married					
	\bigcirc	Divorced					
	\bigcirc	Separated					
		Widowed					
	\bigcirc	Other					
9.		se select one or more of the following groups in which you consider rself to be a member. *					
		Black or African American					
		Hispanic/Latino					
		Asian					
		Native American					
		White					
		Other					

10.	-	you qualify for state benefits? This includes things like TANF, SNAP , etc. *
	\bigcirc	Yes
	\bigcirc	No
	\bigcirc	Some but not all

Please have one child in mind as you participate in Circle of Security.

	\bigcirc	0 - 1
	\bigcirc	1 - 3
	\bigcirc	4 - 6
	\bigcirc	7+
12.	Wha	at is your relationship to the child? *
	\bigcirc	Parent
	\bigcirc	Stepparent
	\bigcirc	Foster Parent
	\bigcirc	Adoptive Parent
	\bigcirc	Grandparent
		Other adult relative

11. How old is this child? *

13. Do you consider yourself to be the primary caretaker of this child? *
Yes
○ No
14. What is the child's gender? *
Female
○ Male
Other
15. How many total children do you have? (Enter number only) *
16. How many total children currently live in your home? (Enter number only) *

Reflection Questions

17. Please reflect on your experience of participating in Circle of Security (COS-P) and respond to the questions below. *

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Meeting with a group of other caregivers was helpful to me.					
2. The leader did a good job of working with my group.	\circ	\bigcirc		\bigcirc	\circ

18.	Why	did	you	decide	to	enroll	in	Circle	of	Security?	*
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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My level of stress about parenting is high. BEFORE				\bigcirc	
My level of stress about parenting is high. NOW	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have a positive relationship with my child. BEFORE					\bigcirc
I have a positive relationship with my child. NOW	\bigcirc				\bigcirc

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I recognize the behaviors that trigger my negative response to my child. BEFORE					
I recognize the behaviors that trigger my negative response to my child. NOW					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I identify and respond to my child's needs for support to explore and for comfort and contact. BEFORE					
I identify and respond to my child's needs for support to explore and for comfort and contact. NO W					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
When I fail to respond to my child's need and we have a falling out I look for a way to make things better. BEFORE					
When I fail to respond to my child's need and we have a falling out I look for a way to make things better. NOW					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I step back and think about what my child's behavior is telling me about their needs before I react. BEFORE					
I step back and think about what my child's behavior is telling me about their needs before I react. NOW					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel confident that I can meet the emotional needs of my child. BEFORE					
I feel confident that I can meet the emotional needs of my child. NOW					

Circle of Security Concepts

26.	se review the list of concepts from COS and check off the THREE that e most powerful for you. *
	Shark Music from the past interferes with seeing our child's needs in the present.
	Always be Bigger, Stronger, Wiser and Kind.
	Finding balance: Bigger and Stronger but not mean, Wiser and Kind but not weak.
	Recognizing and attending to the different needs at the top and bottom of the Circle.
	A "cue" shows a need and a "miscue" hides a need.
	Recognizing ruptures and making repairs in relationships.
	When a parent is Mean, Weak or Gone, frightened children have no hands on the Circle to turn to.
	When caregivers help children organize their feelings, they are "filling their emotional cup".
	Children learn to recognize parents' shark music and miscue about their own needs for exploration or comfort.
	Children's behavior is an expression of a need.
	When children are seeking "connection" it can look like seeking "attention".
	"Being With" a child and accepting their full range of emotions is the fastest way to calm them down.

27.	Please pick your top choice from the three you checked above and explain why this concept is most important to you. *

Circle Of Security Reflection

	Would you recommend COS to others? *
	Yes
	○ No
	Maybe
	Do you think what you learned in COS is applicable to other relationships in your life? If yes, please describe. *
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	Is there anything else you would like to tell us about your experience with Circle of Security?

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