



# Circle of Security

I N T E R N A T I O N A L™

*Early Intervention Program for Parents & Children*

## Circle of Security Facilitator Feedback Form

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

The information discussed was relevant to me.	Yes	Somewhat	No
The facilitator was knowledgeable.	Yes	Somewhat	No
The material was easy to understand.	Yes	Somewhat	No
I will use the Circle of Security in my interactions now and in the future.	Yes	Somewhat	No
I think about “attention seeking” differently.	Yes	Somewhat	No
It is helpful to reflect on my own “shark music”.	Yes	Somewhat	No
I would like to stay connected to the facilitator for future reference and support.	Yes	Somewhat	No
Sessions were done by	Zoom	In Person	Both

Suggestions: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_