



CAPPA ACADEMY

LABOR DOULA CLIENT EVALUATION FORM

The student doula must provide a **minimum of 2 hours** of continuous support. The doula can use (1) c-section birth if they have provided a minimum of 2 hours of labor support **before** the c-section. Scheduled c-sections **cannot** be used towards certification.

(PRINT ABOVE) NAME OF CLIENT(S)

ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

PHONE

EMAIL

DATE OF BIRTH

BIRTH LOCATION

NAME OF ATTENDING PHYSICIAN/MIDWIFE

PHONE

Please answer the following questions using a scale of 1-5, five being excellent and one being poor. Circle the number that best describes your experience with this doula:

	POOR			EXCELLENT	
The doula was helpful at answering questions.	1	2	3	4	5
The doula seemed to have good suggestions during labor and birth.	1	2	3	4	5
The doula was kind and compassionate.	1	2	3	4	5
I would recommend using a doula to a friend.	1	2	3	4	5
The doula was helpful to my partner.	1	2	3	4	5
The doula was helpful to me.	1	2	3	4	5

Approximate time spent with doula during labor (in hours): _____

Your Role: (circle one)

Mother

Partner

Other (explain briefly): _____

Additional Comments:

Thank you for taking the time to fill out this evaluation form. It will be helpful in determining which doulas are good candidates for CAPPA certification.

CLIENT SIGNATURE

DATE

***** DOULA USE ONLY *****

(PRINT ABOVE) DOULA NAME

PHONE

EMAIL

ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

DOULA STUDENTS: Provide at least (1) client, (1) physician/midwife, **AND** (1) nurse/midwife assistant evaluation for a specific birth.