



CAPPA ACADEMY

LABOR DOULA CAREGIVER 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.

<i>(PRINT ABOVE)</i> NAME OF CAREGIVER	CONTACT NUMBER
LOCATION OF BIRTH	DATE OF BIRTH

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 seemed to become an effective and helpful part of the birth team.	1	2	3	4	5
The doula was able to reinforce my suggestions and offer helpful explanations, suggestions, and alternatives to the client.	1	2	3	4	5
The doula was kind and compassionate to everyone in the room.	1	2	3	4	5
The family seemed to benefit from the doula's presence.	1	2	3	4	5
The doula seemed helpful to the patient's partner.	1	2	3	4	5
The doula demonstrated professional behavior.	1	2	3	4	5
The doula attended the birth both as a doula AND in an additional role (such as a nurse, midwifery assistant, etc.). Please indicate: Y / N	Specify any additional role(s): _____				

Approximate time spent with doula (in hours): _____

Your Role: (circle one)

Physician

Nurse

Midwife

Midwifery Assistant

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.

CAREGIVER SIGNATURE	DATE
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***** DOULA USE ONLY *****

<i>(PRINT ABOVE)</i> DOULA NAME	PHONE	EMAIL
ADDRESS	CITY	STATE/PROVINCE
POSTAL CODE		
<i>(PRINT ABOVE)</i> CLIENT 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. Print at least (2) copies of the Caregiver Evaluation Form per labor/birth attended.