



Birth Attendance Verification

This form is used as a prerequisite for completion of a Doula Certificate program through the College of the Rockies. A doula is a non clinical care provider, hired independently to support a woman during her birth experience. Please take the time to complete this form as accurately as you can.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Are you a (please circle): DOULA NURSE MIDWIFE CLIENT PHYSICIAN?

2. Did this birth take place at HOME or HOSPITAL?

3. Was this birth VAGINAL or CESAREAN SECTION?

4. Did you find the student:

- Respectful to the Client? Not at all 1 2 3 4 5 Extremely True
- Respectful to the Staff? Not at all 1 2 3 4 5 Extremely True
- Used Comfort Measures Appropriately? Not at all 1 2 3 4 5 Extremely True
- Respected the Clients Birth Plan? Not at all 1 2 3 4 5 Extremely True
- Maintained Boundaries in her scope of care? Not at all 1 2 3 4 5 Extremely True
- Helpful to the Clients Partner? Not at all 1 2 3 4 5 Extremely True
- Someone you would recommend? Not at all 1 2 3 4 5 Extremely True

5. Total Hours in Attendance: \_\_\_\_\_

Further Comments?

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\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**