



DOULAS OF NORTH AMERICA  
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## Childbirth Class Observation Form

### Part One: To be completed by observer.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone\_(\_\_\_\_\_)\_\_\_\_\_ Email\_\_\_\_\_

Dates of Classes observed\_\_\_\_\_

Number of hours doula trainee observed\_\_\_\_\_

Basic Outline of Childbirth Series (May use back of paper or attach)

### Part Two: To be completed by Childbirth Instructor

The above named doula trainee did in fact attend my CBE training as indicated above.

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_(\_\_\_\_\_)\_\_\_\_\_ Email\_\_\_\_\_

National Certifying Organization\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_