
Childbirth Class Observation Form

Part One: To be completed by observer

Name _____

Address _____

Phone (____) _____ E-mail _____

Dates of Classes observed _____

Number of hours doula trainee observed _____

Basic Outline of Childbirth Series: (May use back of form or attach additional paper.)

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 (____) _____ E-mail _____

National Certifying Organization _____

Signature _____ Date _____