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HEALTH CARE PROFESSIONAL RECOMMENDATION

Date: _____

You have been requested to complete this recommendation form for the below named doula as one step towards her postpartum doula certification. Please complete and return to the doula's address below. Please circle the number which most closely reflects your opinion.

(1) Disagree (2) Somewhat Agree (3) Mostly Agree (4) Strongly Agree (5) Completely Agree

- 1 2 3 4 5 The doula was able to clearly and concisely explain the role of a postpartum doula.
- 1 2 3 4 5 The doula maintained a professional persona throughout your interaction(s) together.
- 1 2 3 4 5 The doula appeared knowledgeable of local resources for new parents such as lactation consultants, breastfeeding suppliers, etc. If you had no discussion of resources you may skip this question.
- 1 2 3 4 5 Would you recommend or refer clients to this doula?

Additional Comments:

Your Name and Professional Designation: _____

Thank you very much for taking the time to complete this evaluation. Please return it to the doula so that she may use it for certification purposes.

Doula's Name: _____

Doula's address _____

If you have further comments or questions, feel free to contact us at the address printed on the letterhead.