

V. Recommendation

Having thoroughly read and understood the ICEA certification philosophy, certification requirements, statement of procedure, evaluated teaching guidelines, and evaluated teaching information sheet, and in consideration of the opinions formed during my evaluation of the candidate, I make the following recommendation:

Successful completion

It is my belief that the minimum standards for prenatal class series, evaluation standards, and criteria for successful completion were fulfilled as required by ICEA.

Signature _____ Date _____

Unsuccessful completion

Due to the reasons checked below, I cannot recommend that evaluated teaching was successfully completed:

- _____ Inconsistent demonstration of advocacy of ICEA's goals and philosophy
- _____ Inadequate teaching ability
- _____ Inability to project knowledge of the class material; continued inclusion of misinformation in teaching content
- _____ Lack of organization and sense of priorities
- _____ Continued evidence of:
 - _____ Disrespect or insensitivity
 - _____ Inability to view childbirth as a normal, constructive life experience
 - _____ Inability to work with a group
 - _____ Unresolved conflict about personal childbirth experience
 - _____ Inflexible attitude toward medical management of labor and birth
 - _____ Evangelical manner, unscientific or fanatical enthusiasm
 - _____ Apathy, inability to project enthusiasm
 - _____ Poor appearance
 - _____ Failure to improve
 - _____ Failure to meet ICEA minimum standards for a prenatal class series
 - _____ Consistently unfavorable evaluation by parents and evaluator

Signature _____ Date _____

Incomplete

I must recommend that my evaluation of the applicant cannot be completed due to the following condition(s):

Signature _____ Date _____

Evaluator, submit one copy of this form, with Form B, to ICEA, 1500 Sunday Drive, Suite 102 Raleigh, N.C. 27607
Return the other two copies to the candidate.