



**PARENT EVALUATION
FORM G
ICEA Childbirth Educator Certification Program**

Educator _____ Answered by: _____ Mother _____ Partner _____

Please circle each class you attended in the series: 1 2 3 4 5 6 7 8 9 10

Your evaluation of the class series you have participated in is needed by your educator for completion of the International Childbirth Education Association Childbirth Educator Certification Program. Your evaluation also serves as an important learning aid to your educator. Constructive criticism can bring improvement, with resulting benefit to the educator as well as to the expectant parent.

PART I

Using a scale of: 1 = Not at all 2 = Somewhat 3 = Mostly 4 = Very well

How well did the classes satisfy your questions on the following?

Circle

- 1 2 3 4 The labor and birth process
- 1 2 3 4 Emotional aspects of labor and birth for the mother
- 1 2 3 4 Emotional aspects of labor and birth for the partner
- 1 2 3 4 Opportunities for sharing, participation, and satisfaction in birth

- 1 2 3 4 Physical and emotional changes of pregnancy
- 1 2 3 4 Common abnormal or unexpected variations of pregnancy
- 1 2 3 4 Behavior and development of the fetus
- 1 2 3 4 Nutrition during and after pregnancy

- 1 2 3 4 What to expect in the hospital
- 1 2 3 4 Medical procedures and terminology used for labor and birth
- 1 2 3 4 Medications, analgesia, and anesthesia used for labor and birth
- 1 2 3 4 Choices and alternatives available in labor, birth and postpartum

- 1 2 3 4 Possible complications in labor and birth
- 1 2 3 4 Indications for cesarean birth, procedures and recovery
- 1 2 3 4 Possible ways to avoid medical intervention in uncomplicated labors and births
- 1 2 3 4 Family-centered maternity and infant care

- 1 2 3 4 What to expect of a new baby
- 1 2 3 4 The process of parent-infant bonding
- 1 2 3 4 The postpartum period
- 1 2 3 4 Breastfeeding

PART II

Using a scale of: 1 = Never 2 = Sometimes 3 = Usually 4 = Always

How would you respond to the following statements:

- 1 2 3 4 The material was presented in a clear, understandable manner
- 1 2 3 4 The educator seemed enthusiastic, interested, and concerned
- 1 2 3 4 The educator's voice was audible and pleasant
- 1 2 3 4 Teaching aids were easy to view and increased my understanding

- 1 2 3 4 The educator encouraged class discussion and questions
- 1 2 3 4 I felt free to express contradictory ideas or thoughts
- 1 2 3 4 The educator was supportive of my goals for the birth experience
- 1 2 3 4 The educator helped me explore means of obtaining my goals

The following were fully explained and demonstrated:

- 1 2 3 4 Conditioning exercises
 - 1 2 3 4 Relaxation
 - 1 2 3 4 Breathing exercises
 - 1 2 3 4 Comfort and labor coping techniques
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- 1 2 3 4 Time was allowed for practice during exercise/relaxation sessions
 - 1 2 3 4 I received the personal attention needed to develop skills
 - 1 2 3 4 The educator was willing to adapt techniques as needed for me
 - 1 2 3 4 The educator noticed when I was having difficulty and offered constructive suggestions

PART III

What did you like best about the educator?

What did you like best about the classes?

What suggestions do you have for improving the classes?

Was there anything about the classes that you found distracting?

Additional comments:

Thank you for participating in the evaluation process. By doing so you have made an important contribution to your teacher's continued growth. Please return this form to your educator.

Date _____ Your name (optional) _____