

# Course Evaluation Form

Pregnant woman  Partner

Today's date: \_\_\_\_\_ Name of childbirth educator: \_\_\_\_\_

1. Have you missed any classes? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, which ones? 1 2 3 4 5 6

2. Please check one of the following:

\_\_\_\_\_ I learned more in these classes than I thought I would.

\_\_\_\_\_ I learned about what I expected in these classes.

\_\_\_\_\_ I had expected to learn more than I did.

3. What did you enjoy most about the classes? \_\_\_\_\_

4. Do you have any suggestions for improvement? \_\_\_\_\_

5. Would you prefer:

**Size of Class**

\_\_\_\_\_ Same size

\_\_\_\_\_ Larger

\_\_\_\_\_ Smaller

**Method of Teaching** (circle one)

Lecture: *same more less*

Discussion: *same more less*

Practice/rehearsals: *same more less*

Charts & models: *same more less*

Videos: *same more less*

**Practice Sessions** (circle one)

Role of labor partner: *same more less*

Positioning & movement: *same more less*

Relaxation & breathing: *same more less*

Massage: *same more less*

Other comfort measures: *same more less*

6. Are there any subjects to which you wish more time had been devoted? If so, what? \_\_\_\_\_

7. Are there any subjects to which you wish less time had been devoted? If so, what? \_\_\_\_\_

8. Indicate your feelings concerning the following questions with a check in the appropriate column:

|   | Always | Usually | Sometimes | Never | Comments |
|---|--------|---------|-----------|-------|----------|
| a. Did you feel the instructor was well informed about the material she presented?                |        |         |           |       |          |
| b. Did the instructor organize and present the material so that it was easy to follow?            |        |         |           |       |          |
| c. Were positioning, relaxation, and comfort measures taught so that you could easily learn them? |        |         |           |       |          |
| d. Did you feel free to ask questions and/or contribute to the discussion?                        |        |         |           |       |          |
| e. Did you feel that your individual needs were met?  |        |         |           |       |          |
| f. Did you enjoy the classes?   |        |         |           |       |          |

9. What are your plans regarding the use of medication for labor and birth? \_\_\_\_\_

10. On a scale of 1 (least likely) to 10 (most likely), how likely would you be to recommend to a friend:

This course? \_\_\_\_\_ This childbirth educator? \_\_\_\_\_

*Please feel free to use the back for any additional comments.*