



Happy Mama Healthy Baby Alliance

Maternal-Child Health Education, Training, Consultation and Support

INSTRUCTIONS FOR COMPLETING EVALUATIONS FOR MIDWIFERY STUDENT OF COLOR SCHOLARSHIP FUND

TERMINOLOGY:

Midwifery Student Applicant: This is the midwifery student who is applying for the scholarship.

Midwife Preceptor- Supervisor: This is the CNM, LM, CPM, or OB/GYN who is providing *supervised clinical training in midwifery skills* to the Midwifery Student Applicant through their midwifery school.

Client: This is a client of the midwife or OB/GYN for whom the Student Midwife Applicant provided *midwifery care* (not Doula support) under the supervision of the Midwife-Preceptor Supervisor. This can be as an observer, assistant midwife or primary midwife under supervision. Doula support does not qualify.

Instructions for completing CLIENT EVALUATION OF MIDWIFERY STUDENT FORM

This form should be completed by both the midwifery student applicant and the client. The student-applicant should complete their section before sending it to the client to complete.

1. Choose a client where you were a midwife assistant or apprentice (should match the midwife listed on the midwifery preceptor evaluation form).

2. CLIENT INFORMATION

This should be completed by the client.

- a. List first name, last name of client
- b. List address, city, state, zip of client
- c. List cellphone, email of client
- d. List baby's birthdate
- e. List baby's birth place. Choose home, hospital or birth center.
- f. Race



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- a. Client's race should be identified. If more than one race choose all that apply.

3. STUDENT MIDWIFE INFORMATION

This should be completed by the student midwife applicant (fill it out before giving the form to the client).

- a. Student midwife first and last name
- b. Student midwife's address
- c. Student midwife's cell and email

4. MIDWIFE PRECEPTOR INFORMATION

This should be completed by the student midwife applicant. The midwife listed should be the midwife who observed/supervised you during your interactions with the client listed on this form.

- a. First name of midwife, Last name of midwife
- b. Midwife's Professional Status (CNM, LM, CPM – choose one or all that apply regarding the midwife's license and certification).
- c. Midwife's cellphone, email and website

5. INSTRUCTIONS FOR COMPLETING THE SCALE

To be completed by the client filling out this form regarding the student midwife's performance at their birth and during pregnancy.

- a. *The client should use the scale to evaluate the client using the scale of*
 - 1- *Not at all satisfied*
 - 2- *Slightly Satisfied*
 - 3- *Moderately Satisfied*
 - 4- *Very Satisfied*
 - 5- *Completely satisfied*

The client can add additional comments if desired and explain whether they recommend or do not recommend the student.

This form should be returned to the student midwife applicant to send to HMMHBA along with the Midwife Preceptor Supervisor Evaluation form



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Instructions for completing the PRECEPTOR/SUPERVISING MIDWIFE RECOMMENDATION FORM

This form should be completed by both the midwifery student applicant and the Midwife preceptor/Supervisor.

1. Student Midwife Applicant Information

The midwifery student applicant should complete this section and then sent to the midwife preceptor-supervisor to complete the rest of the form.

- a. Student midwife applicant 's first and last name
- b. Student midwife applicant's address, city, state and zip code
- c. Student midwife applicant cellphone and email
- d. Student midwife applicant's year or phase of midwifery training (ie. Observe, assist, primary under supervision).
- e. Name of Midwifery School the student midwife applicant attends
- f. Website of midwifery school
- g. Address of Midwifery School
- h. Finance officer at midwifery school's name
- i. Email of school finance director
- j. Email and phone number of finance department at midwifery school
- k. Student Midwife applicant's ID with school
- l. If there's an invoice from school for tuition, list invoice number for payment reference
- m. URL for payment: list the website where payment should be made. If there is no online payment center, then, check will be sent to finance dept at the midwifery school payable to the school on behalf of the student.

2. MIDWIFE PRECEPTOR INFORMATION

This section should be completed by the midwife preceptor/instructor.

- a. Midwife's First and Last name
- b. Midwife's or OB's Professional Status (LM, CPM, CNM, OB/GYN check all that apply).
- c. Midwife Preceptor-Supervisor's business name
- d. Midwife Preceptor-Supervisor's address,city, state, zip code
- e. Midwife Preceptor-Supervisor's cellphone and email



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f. Midwife Preceptor-Supervisor's website

INSTRUCTIONS FOR COMPLETING THE SCALE

3. Midwife Preceptor-Supervisor should complete the scale using the following criteria:

5= Very good

4= Good

3+ Acceptable

2-Poor

1= Very poor

4. Midwife Preceptor-Supervisor should use the blank space to add any comments about the student midwife applicant.
5. Midwife Preceptor-Supervisor should either recommend or not recommend the student midwife applicant
6. Midwife Supervisor/Preceptor should sign the form
7. Student Midwife Applicant should collect the form from the midwife preceptor-supervisor and send it along with the client form to HMMBA.
8. Keep copies of forms and applications for back up.