



EVALUATION OF THE NEWBORN CARE SPECIALIST *to be completed by client*

This form is for the evaluation of the NCS by the parent for her certification. Please use your best judgment when filling out these forms. If you have any questions concerning this form or how to fill it out please call NCSA at 602-706-3909

FYI: This form along with other evaluations will be used in the certification of your NCS. Your opinion is very important to us. Thank you so much for taking the time to fill this form out save it and send it in an attachment to contact@ncsainfo.com or mail it to : NCSA P.O Box. 56263 Phoenix AZ 85079

Instructions to send file: After you have completed the form please go to 'Edit' and select "select all" then go back to "Edit" and click "copy" and open a new document page in a Word Document Program such as Microsoft Word, go to "Edit" and "paste" this form into that page. Save that page as NCS application. Attach this page to an email addressed to contact@ncsainfo.com

Last Name of NCS First Name of NCS

Date worked from to

Hours worked each day days a week worked

Parents Last Name Parents First Name

Parents Hm. Phone Parents Cell Phone

Age of Newborn Number of Babies Sex

Was your baby/ies breast-fed bottle fed both?

Was this a daytime 24/7 nighttime position?

Did the NCS sleep train your baby? yes no

On a scale of 1 - 5 please evaluate your NCS on the following issues (1 being she was not very knowledgeable and 5 being she really knew her stuff)

1 Not very knowledgeable 2 Knew more than I did 3 Knew quite a bit but had to look up things 4 I was pretty impressed 5 WOW she is great

1 2 3 4 5 My NCS was very knowledgeable in newborn care procedures

1 2 3 4 5 My NCS was able to answer most of my questions about newborn care

1 2 3 4 5 My NCS was confident in handling the baby

1 2 3 4 5 My NCS used good judgment where my baby was concerned

1 2 3 4 5 My NCS made me feel at ease while she was in my home

1 2 3 4 5 My NCS was able to help me breast-feed

1 2 3 4 5 My NCS gave me hints and suggestions that I was not previously aware of

1 2 3 4 5 My NCS keep a very accurate log of my baby's activities

1 2 3 4 5 My NCS arrived on the job on time and left on time after her shift

1 2 3 4 5 My NCS wore scrubs at all times

1 2 3 4 5 My NCS was clean and neat in appearance at all times

1 2 3 4 5 My NCS was able to be professional without being too personal

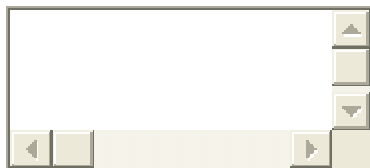
1 2 3 4 5 My NCS was able to sleep train my baby

1 2 3 4 5 My NCS is someone I would refer out to my friends

Please check the one that applies the most to your Newborn Care Specialist

I would absolutely recommend My NCS be certified as a Certified Newborn Care Specialist

She needs to have a little more experience I do not feel she is ready to be certified Other explain:



Please use this area to add anything additional to the evaluation. This should include any feelings, thoughts you may have had concerning your NCS. You may include anything you think may pertain to this evaluation.

If you wrote a letter of recommendation for the NCS please include a copy of that letter with this evaluation.

I (your name) will attest that the above evaluation was done to the best of my ability.

NCSA may may not call me to verify any of this information or call with any additional questions.

Your Signature Today's Date