ITEC Unit 914 - Shaping and Colouring Eyebrows
Internal Task Assessment Form

This assessment sheet must be completed in full for each learner by the Internal Assessor

- **Conducting the assessment –** The evaluation should be based on the criteria detailed below. The Assessor should base their evaluation entirely on the Learner's performance during the assessment exercise; they should remain objective and should not coach or distract the Learner during the assessment. Please indicate with a ✓ criteria that are completed successfully, indicating with an X criteria that have not been completed successfully
- **Once all boxes have been ticked the Assessor must place a ✓ in the pass box indicating that the task is complete**

Criteria	Assessor's Comments				
	Completed	Completed	Completed	Completed	
APPEARANCE – *The Learner demonstrated:*					
Clean, ironed professional overall/uniform					
Clean, neat hair - tied back/up if long and off the collar and face					
Short, clean, well manicured nails with no varnish and clean hands					
Clean, sensible full flat shoes, and socks or tights					
No jewellery - with the exception of a wedding band and 1 pair of small stud earrings (religious jewellery must be taped)					
No body or breath odour					
No chewing gum or sucking sweets					
No visible underskirts/underwear					
Skirts to the knee. Trousers cropped no higher than calf/ trousers not trailing on the floor					
COMMUNICATE AND BEHAVE IN A PROFESSIONAL MANNER – *The Learner:*					
Greeted and introduced self to the client					
Looked the client in the eye when speaking to them					
Spoke clearly					
Spoke politely					
Spoke honestly when questioned about treatments					

Criteria	Completed	Completed	Completed	Completed	Assessor's Comments
Listened to the client					
Demonstrated ethical conversation					
Demonstrated positive facial expressions					
Demonstrated positive body language					
Demonstrated good posture					
CLIENT CARE AND PREPARATION FOR TREATMENT – *The Learner:*					
Stated the procedure for client preparation (written list or oral)					
Prepared the work station appropriately					
Explained the treatment procedure to the client					
Assisted the client to the work station					
Assisted the client into a comfortable position for the treatment					
Removed the client's jewellery and accessories as appropriate					
Stored the client's valuables in a safe place					
Demonstrated appropriate towel management throughout					
Ensured the client's comfort throughout					
HYGIENE AND STERILISATION – *The Learner:*					
Wiped equipment over with appropriate sanitiser before and after use					
Sanitised hands before, during and after treatment as appropriate					
Replaced lids on products and used spatulas to remove creams					
Disposed of waste hygienically and appropriately					
Demonstrated correct use of salon sterilising equipment/cabinets					
Stored sanitised/sterilised equipment appropriately					
Used freshly laundered towels for each client					
Ensured that the floor/trolleys/surfaces/work stations were clean and santised where appropriate					
CARRY OUT TREATMENT FOR SHAPING AND COLOURING EYEBROWS – *The Learner:*					
Selected products and tools					
Cleansed the treatment area					
Discussed client's requirements					

Criteria	Assessor's Comments				
	Completed	Completed	Completed	Completed	
Measured the eyebrows					
Wore gloves					
Performed treatment using the correct pressure and stretching the skin					
Removed the hairs quickly and efficiently and placed on a tissue or cotton wool					
Checked client's comfort throughout					
Applied eyebrow pencil/powder to the eyebrow					
Gave aftercare and maintenance advice					
Checked that the finished result met with the client's satisfaction					
Completed record card					
Left the work area in a suitable condition for further treatments					

Task Completed - Pass ❑

Learner's Name…………………….…………   Lecturer's/Assessor's Name …………………….........   Quality Assured by Name. …………..………………

Learner's Signature…………………….....   Lecturer's/Assessor's Signature …………………..........   Quality Assured by Signature …………..……........

Date……………………   Date ......…………....

External Examiner's/Verifier's Name ....   External Examiner's/Verifier's Signature .... Date ....