



**ITEC Evidence of Treatments Guidance Form
Unit 57 Infant and Child Massage**

Evidence of treating 5 clients twice each for full body massage.

*To be completed by the lecturer and verified by the ITEC examiner
Please attach a copy of this sheet to the front of each learner's completed evidence of treatments.*

Learner Name:

Learner Number:

Centre Name:

Date:

<i>Please tick box</i>	Yes	No
Consultation		
Medical History		
Reasons for Treatment		
Treatment Details		
Feedback on how the infant/child reacted during and after the treatment		
Aftercare and Home care advice		
Have all treatments been completed?		
Evidence of enhanced Criminal Records Bureau check <i>NB: Centres are required to organise an enhanced CRB check for each learner prior to the course commencement</i>		

Please note; each box must be ticked 'Yes' in order to gain a pass grade. If any area is answered 'No' the evidence of treatments will be referred until the omitted section is completed.

Signed by the ITEC Examiner

Signed by the Lecturer

Signed by the Learner
