

# Consultation sheet

## iHB2C10 – Level 2 Certificate in Afro-textured Hair Services

Portfolio reference:

<b>Learner name:</b>			
<b>Learner number:</b>			
<b>Client name:</b>		New client <input type="checkbox"/>	Regular client <input type="checkbox"/>
<b>Date:</b>			
Advise and consult with clients for hair services <input type="checkbox"/>	Shampoo, condition and treat the hair and scalp <input type="checkbox"/>		
Provide hair relaxing services <input type="checkbox"/>	Style and finish Afro-textured hair using a variety of techniques <input type="checkbox"/>		
Provide plaiting and twisting services using added hair <input type="checkbox"/>	Cultivate and maintain locks in the hair <input type="checkbox"/>		
<b>Service overview/ service timings:</b>	Client wishes/occasion:		

Hair classifications	Texture		
Type 1 – Straight hair	1a Fine	1b Medium	1c Coarse
	Straight <input type="checkbox"/>	Straight with volume <input type="checkbox"/>	Straight difficult hair <input type="checkbox"/>
Type 2 – Wavy hair	2a Fine	2b Medium	2c Coarse
	'S' pattern <input type="checkbox"/>	Frizzy 'S' pattern <input type="checkbox"/>	Very frizzy 'S' pattern <input type="checkbox"/>
Type 3 – Curly hair	3a Fine	3b Medium	3c Coarse
	Soft curl <input type="checkbox"/>	Loose curl <input type="checkbox"/>	Tight curl <input type="checkbox"/>
Type 4 – Very curly hair	4a Fine	4b Medium	4c Coarse
	Tightly coiled curl pattern <input type="checkbox"/>	Z pattern & spring curl <input type="checkbox"/>	Tight Z pattern <input type="checkbox"/>

Influencing factors:					
Density (amount of hair)	Thick <input type="checkbox"/>	Medium <input type="checkbox"/>	Thin <input type="checkbox"/>		
Hair length	Above shoulder <input type="checkbox"/>	Below shoulder <input type="checkbox"/>	One length <input type="checkbox"/>	Layered <input type="checkbox"/>	Fringe <input type="checkbox"/>
% of white hair	None <input type="checkbox"/>	10% <input type="checkbox"/>	25% <input type="checkbox"/>	50% <input type="checkbox"/>	75% <input type="checkbox"/>
Skin tone	Warm <input type="checkbox"/>	Neutral <input type="checkbox"/>	Cool <input type="checkbox"/>	Ash <input type="checkbox"/>	
Hair condition	Balanced/normal <input type="checkbox"/>	Heat damaged <input type="checkbox"/>	Chemically damaged <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Environmentally damaged <input type="checkbox"/>
Scalp condition	Balanced/normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Dandruff <input type="checkbox"/>	Dry <input type="checkbox"/>	Product build-up <input type="checkbox"/>
Chemically treated	Non-chemically treated <input type="checkbox"/>	Previously permed <input type="checkbox"/>	Previously coloured <input type="checkbox"/>	Previously highlighted <input type="checkbox"/>	Previously relaxed <input type="checkbox"/>
Growth patterns	Cowlick <input type="checkbox"/>	Widow's peak <input type="checkbox"/>	Nape whorl <input type="checkbox"/>	Double crown <input type="checkbox"/>	Male pattern baldness <input type="checkbox"/>

Face shapes:					
					
Oval	Square	Round	Heart	Oblong	Diamond

Will the contra-indications affect the service:			Advice given/actions taken	
History of allergic reaction colour	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Other known allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Skin disorders and diseases	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Incompatibility of products on hair	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Medical history	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Medical advice or instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Evident hair damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Cuts and abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Recent injuries/scar tissue	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Removal of extensions/plaits	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Lifestyle	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Piercings	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Personal protective equipment:					
PPE	Gown <input type="checkbox"/>	Cutting collar <input type="checkbox"/>	Towel(s) <input type="checkbox"/>	Cotton wool <input type="checkbox"/>	Cape <input type="checkbox"/>
	Neck protection <input type="checkbox"/>	Cap <input type="checkbox"/>	Gloves <input type="checkbox"/>	Apron <input type="checkbox"/>	Chemical-proof gown <input type="checkbox"/>

Testing hair results:					
Porosity test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		
Elasticity test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		
Incompatibility test	Negative reaction <input type="checkbox"/>	Positive reaction <input type="checkbox"/>			
Development strand test	Achieved target result <input type="checkbox"/>	Other result:			
Pull test	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>		

Tools/Equipment:					
Tools/Equipment used	Multi-purpose/wide tooth comb <input type="checkbox"/>	Cutting comb <input type="checkbox"/>	Pin tail comb <input type="checkbox"/>	Tail comb <input type="checkbox"/>	Dressing comb <input type="checkbox"/>
	Round brush(es) <input type="checkbox"/>	Vent brush <input type="checkbox"/>	Flat brush <input type="checkbox"/>	Bristle brush <input type="checkbox"/>	Conical wand <input type="checkbox"/>
	Handheld dryer <input type="checkbox"/>	Diffuser <input type="checkbox"/>	Handheld dryer nozzles <input type="checkbox"/>	Curling tongs <input type="checkbox"/>	Water spray <input type="checkbox"/>
	Hot brush <input type="checkbox"/>	Straighteners <input type="checkbox"/>	Hood dryer <input type="checkbox"/>	Timer <input type="checkbox"/>	Cotton wool <input type="checkbox"/>
	Heat accelerator <input type="checkbox"/>	Steamer <input type="checkbox"/>	Heated damp towels <input type="checkbox"/>	Grips, pins/adornments <input type="checkbox"/>	Heated rollers <input type="checkbox"/>
	Pin curl clips <input type="checkbox"/>	Roller with pins <input type="checkbox"/>	Bendy soft rollers <input type="checkbox"/>	Velcro rollers <input type="checkbox"/>	Sectioning clips/clamps <input type="checkbox"/>
	Hair net <input type="checkbox"/>	Mirror <input type="checkbox"/>	Neck brush <input type="checkbox"/>	Bowl and brush <input type="checkbox"/>	Scissors <input type="checkbox"/>
	Extension latch hook <input type="checkbox"/>	Extension clips <input type="checkbox"/>	Extension thread <input type="checkbox"/>	Extension needle <input type="checkbox"/>	Sponge <input type="checkbox"/>
	Other:				

Service information/techniques used:					
Shampoo/condition/treatment	Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Rotary <input type="checkbox"/>	Tapotement <input type="checkbox"/>	Friction <input type="checkbox"/>
Style and finish	Creating curl <input type="checkbox"/>	Straightening <input type="checkbox"/>	Smoothing <input type="checkbox"/>	Creating movement <input type="checkbox"/>	Creating volume <input type="checkbox"/>
Set and dress	Brick <input type="checkbox"/>	Directional <input type="checkbox"/>	Spiral curling <input type="checkbox"/>	On/off base <input type="checkbox"/>	Pin curl volume/flat <input type="checkbox"/>
	Root to point <input type="checkbox"/>	Point to root <input type="checkbox"/>	Back-brushing <input type="checkbox"/>	Back-combing <input type="checkbox"/>	Creating curl <input type="checkbox"/>
	Straightening <input type="checkbox"/>	Smoothing <input type="checkbox"/>	Creating movement <input type="checkbox"/>	Creating volume <input type="checkbox"/>	

Relaxing	Re-growth (4 to 8 weeks) <input type="checkbox"/>	Re-growth (up to 12 weeks) <input type="checkbox"/>	Virgin application <input type="checkbox"/>	Hand application <input type="checkbox"/>	Top/bottom application <input type="checkbox"/>
Temporarily attach hair	Up to 24 hours <input type="checkbox"/>	24 hours to 6 weeks <input type="checkbox"/>	Plaited corn rows with through added hair <input type="checkbox"/>		Crocheted added hair <input type="checkbox"/>
	Man-made/synthetic <input type="checkbox"/>	Human hair <input type="checkbox"/>			
Plait and twist	Multiple cornrows <input type="checkbox"/>	Three strand plait <input type="checkbox"/>	Two strand plait <input type="checkbox"/>	Two strand twist <input type="checkbox"/>	Flat twist <input type="checkbox"/>
Locking	Brick sections <input type="checkbox"/>	Diamond sections <input type="checkbox"/>	Comb coiling <input type="checkbox"/>	Palm rolling <input type="checkbox"/>	Twisting <input type="checkbox"/>
	Interlocking <input type="checkbox"/>	Incorporating additional hair <input type="checkbox"/>	Correcting lock thickness irregularities <input type="checkbox"/>	Fashion locks <input type="checkbox"/>	

Products use:					
Shampooing	Balanced/normal <input type="checkbox"/>	Oily <input type="checkbox"/>	Product build-up <input type="checkbox"/>	Dry <input type="checkbox"/>	Heat damaged <input type="checkbox"/>
	Environmentally damaged <input type="checkbox"/>	Fine/limp <input type="checkbox"/>	Pre-perming/chemical process <input type="checkbox"/>		
Conditioning/treatments	Surface <input type="checkbox"/>	Penetrating <input type="checkbox"/>	Scalp treatment <input type="checkbox"/>	Dandruff affected <input type="checkbox"/>	Dry scalp <input type="checkbox"/>
	Pre-perming/chemical process <input type="checkbox"/>	Post-perming/chemical process <input type="checkbox"/>	Treatment: (state) <input type="checkbox"/>		
	Oils <input type="checkbox"/>	Creams <input type="checkbox"/>	Spirit based <input type="checkbox"/>	Lotions <input type="checkbox"/>	
	Other: (state) <input type="checkbox"/>				
Style and finish Set and dress	Lotions <input type="checkbox"/>	Mousse <input type="checkbox"/>	Activator <input type="checkbox"/>	Gel <input type="checkbox"/>	Heat protector <input type="checkbox"/>
	Spray <input type="checkbox"/>	Wax <input type="checkbox"/>	Cream <input type="checkbox"/>	Serum <input type="checkbox"/>	Gloss <input type="checkbox"/>
Hair relaxing	Sodium relaxer <input type="checkbox"/>	Non-sodium relaxer <input type="checkbox"/>	Scalp protectors <input type="checkbox"/>	Pre-post-treatment <input type="checkbox"/>	Normalising shampoo <input type="checkbox"/>

Advice and recommendations:	Advice given	
How to maintain style/service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional products	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time interval between services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How lifestyle can be affected	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Areas for future development:		
Service		
Techniques		
Timing		
Communication		
Client care		
Other		

Assessor/Lecturer signature:	Date:
Learner signature:	Date:

Additional information (If required):	