

# Assessment Form

iUHB230 – Colour and lighten hair

Name of Learner: \_\_\_\_\_

**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 × 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	
Prepare themselves, the client and work area for colouring services			
Use suitable consultation techniques to identify service objectives			
Assess the potential of the hair to achieve the desired look by identifying the influencing factors			
Follow safe and hygienic working practices			
Communicate and behave in a professional manner			
Select and use products safely and correctly			
Select and use the application method, products, tools and equipment to colour hair			

Criteria	Assessor's comments		
	Completed	Completed	
Position themselves and the client appropriately throughout the service			
Mix and apply the colour and/or lightener using neat sections			
Monitor the development of the colour and/lightener accurately, following manufacturers' instructions			
Remove the colour and/or lightening product thoroughly from the hair and scalp, without disturbing packages still requiring development			
Apply a suitable conditioner or post-colour treatment to the hair, following the manufacturer's instructions			
Create a desired look to the satisfaction of the client			
Provide suitable aftercare advice			
MCQ Exam Completed			Pass/Merit/Distinction

**Learner name:** \_\_\_\_\_

**Learner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lecturer/Assessor name:** \_\_\_\_\_

**Lecturer/Assessor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Quality Assurer name:** \_\_\_\_\_

**Internal Quality Assurer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**External Quality Assurer name:** \_\_\_\_\_

**External Quality Assurer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if sampled)

Document History

Version	Issue Date	Changes	Role
v1	03/03/2025	First published	Development Administrator