

Assessment Form

iUHB295 – Cut women's 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	Completed	Completed	Completed	Completed	Completed	Completed	
Prepare themselves, the client and work area for cutting services									
Use suitable consultation techniques to identify service objectives									
Follow safe and hygienic working practices									
Communicate and behave in a professional manner									
Assess the potential of the hair to achieve the desired look by identifying the influencing factors									
Select and use cutting equipment to achieve the desired look									
Establish and follow guidelines to accurately achieve the required look									

Criteria	Assessor's comments								
	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed	
Use cutting techniques that take into account the identified factors									
Position themselves and the client appropriately throughout the service									
Cross-check the haircut to ensure even balance and weight distribution									
Create a finished cut that is 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