

Assessment Form

iUHB296 – The art of colouring 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 service			
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 the application method, products, tools and equipment for temporary and semi-permanent colour			
Mix and apply the colour using neat sections			

Criteria	Assessor's comments		
	Completed	Completed	
Monitor the development of the colour accurately, following manufacturers' instructions			
Remove the colour product thoroughly from the hair and scalp			
Apply a suitable conditioner or post-colour treatment to the hair, following the manufacturers' instructions			
Create a desired look to the satisfaction of the client			
Provide suitable aftercare advice			
Evaluate the results of the treatment with the client			
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