

# Assessment Form

iUHB297 – Cut facial 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	
Prepare themselves, the client and work area for cutting facial hair 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 cutting equipment to achieve the desired look				
Establish and accurately follow guidelines to achieve the required look				

Criteria	Assessor's comments			
	Completed	Completed	Completed	
Use cutting techniques that take into account the identified factors				
Position themselves and the client appropriately throughout the service				
Check the cut regularly to ensure accurate distribution of balance, weight and shape				
Remove unwanted hair outside the outline shape				
Create a finished look 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