

Assessment Form

iUHB299 – The art of dressing 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 the client and work area for dressing service				
Consult with clients to confirm their requirements				
Evaluate the potential of the hair to achieve the desired look by identifying the influencing factors				
Follow safe and hygienic working practices				
Select and use styling products, tools and equipment to achieve the desired look				
Communicate and behave in a professional manner				
Position self and client appropriately throughout the service				

Criteria	Assessor's comments			
	Completed	Completed	Completed	
Use working methods that meet salon and legal requirements				
Control and secure hair effectively during dressing				
Use styling techniques and dressing effects that take into account the identified factors				
Dress hair to the satisfaction of the client				
Apply finishing products to maintain the style				
Evaluate the results of the treatment with 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