

Assessment Form

iUHB307 – Perm and neutralise 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 perming and neutralising				
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, tools and techniques, taking into account factors influencing the service				

Criteria	Assessor's comments			
	Completed	Completed	Completed	
Section and wind the hair, taking meshes to suit the perm rod size to achieve the desired look				
Wind the hair with even tension, making sure all wound perm rods sit on their own base				
Monitor the development of the perming and neutralising processes, following manufacturers' instructions				
Leave the hair free of perm lotion when the desired degree of curl is achieved, using water temperature and flow to suit client's needs				
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