

Client Evaluation of Student Esthetic Service

Client name _____ Student name _____

Date _____

Thank you for taking time to contribute towards our students' education. Your comments will help students to improve their techniques and are **not** detrimental, but will aid them in their learning experience. Your observations will assist the students in identifying weak areas for improvement and strong areas to continue in.

Quality of esthetic service (check all that apply):

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> gentle | <input type="checkbox"/> smooth flow | <input type="checkbox"/> consistent | <input type="checkbox"/> appropriate |
| <input type="checkbox"/> soothing | <input type="checkbox"/> felt "gaps" at times | <input type="checkbox"/> therapeutic | <input type="checkbox"/> inappropriate |
| <input type="checkbox"/> confident | <input type="checkbox"/> abrupt | <input type="checkbox"/> focused | <input type="checkbox"/> quiet/non-disruptive |
| <input type="checkbox"/> thorough | <input type="checkbox"/> hesitant | <input type="checkbox"/> unpleasant odor | <input type="checkbox"/> disruptive at times |

Please rank the following:	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduction/Greeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draping Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- 1. Did the student offer to make you comfortable? Yes _____ No _____
- 2. Did you ask the student to change anything during the service? Yes _____ No _____

If yes, what was it and was the student able to accommodate your request? _____

- 3. Did you experience any pain or discomfort? Yes _____ No _____
- 4. Were their hands warm when they first touched you? Yes _____ No _____

Choose the best answer:

_____ The student took their time and seemed to be interested in giving me a good esthetic service.

_____ The student seemed to be in a hurry and was more interested in just finishing the esthetic service.

What did you like best about the treatment? _____

List any suggestion(s) that you think would make this a better experience for you. _____

Thank you again for your comments and for visiting Alpha School of Massage.

Reviews may be used in advertising, promotional and/or social media. (Client name will not be used.)