

Client Feedback Form

Please provide your confidential feedback on the service/treatment you have received today.

Please place an X in the box (one X per line) against each criteria identified in the 'Learners approach to' section below. The X will identify your opinion on the service/treatment that you have received today.

Learner name:

Service/Treatment:

Learners approach to:	Clients opinion			
	 Poor	 Satisfactory	 Good	 Very good
Personal presentation				
Preparation of work area				
Health and safety practice				
Conduct during service/treatment				
Recommendations and aftercare				
Finished result				
Client satisfaction				

Client further recommendations/feedback:

Client's name:

Client's signature:

Date: