

## Peer Review






Learner name: .....

Peer's name: .....

Peer's area of study:

Hairdressing	Barber	Beauty therapist	Nail technician
Massage therapist	Makeup artist	Theatrical media makeup artist	Level

**Peer** - 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 best describes what you have seen today.

Employers opinion					
	Supervision only	Proficient/ Capable	Commercial standard	Commercially comfortable	Creative
<b>Learners approach to:</b>	  <i>Fail</i>	  <i>Pass</i>	  <i>Merit</i>	  <i>Distinction</i>	  <i>Distinction*</i>
Personal presentation					
Preparation of work area					
Health and Safety practice					
Service/Treatment choice					
Product(s) choice					
Selection of tools & equipment					
Technical skill					
Recommendations & aftercare					
Finished result					
Client satisfaction					
Conduct during service					
<b>Treatment/service carried out today:</b>					
<b>Peer feedback</b>				<b>Over-arching grade:</b>	

Signature: .....

Date: .....