



THE CENTRE OF EXCELLENCE

Student Feedback Form

Please take the time to fill out our client feedback form based on your treatment and experience with the student today. These forms help us to achieve a higher standard and provide quality treatments and services to you and ensure continuous improvements are made and to ensure the students are equipped and ready to go out into the workforce.

Thank you for your co-operation as your comments and feedback are appreciated.

Your Beauty Therapists/Hairdressers name today was? _____

Date of Service:

Time of Service:

Please provide a list of the services that you received today				
Did the student introduce him/herself	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did the student display good presentation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did the student Display Good Communication Skills?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you request the same student for your next Treatment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were products and homecare recommendations discussed with you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did the student explain other treatments offered by our salon/college?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you feel the hygiene levels were at a satisfactory standard	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you <u>answered No</u> to any of the above questions, please provide us with feedback so we can endeavour to make improvements on the standard of service being offered				
What did you like most about your visit today?				
What did you dislike about your visit today?				