



SHAVE EVALUATION

Name: _____

Date: _____

Procedure: _____

Teacher: _____

| | | | | | |
|-----------------|---|---|---|---|---|
| Model Choice | 1 | 2 | 3 | 4 | 5 |
| Consultation | 1 | 2 | 3 | 4 | 5 |
| Preparation | 1 | 2 | 3 | 4 | 5 |
| Technical skill | 1 | 2 | 3 | 4 | 5 |
| Timing | 1 | 2 | 3 | 4 | 5 |
| Finishing | 1 | 2 | 3 | 4 | 5 |
| Overall | 1 | 2 | 3 | 4 | 5 |

Total Time: _____

Comments:

Name: _____

Date: _____

Procedure: _____

Teacher: _____

| | | | | | |
|-----------------|---|---|---|---|---|
| Model Choice | 1 | 2 | 3 | 4 | 5 |
| Consultation | 1 | 2 | 3 | 4 | 5 |
| Preparation | 1 | 2 | 3 | 4 | 5 |
| Technical Skill | 1 | 2 | 3 | 4 | 5 |
| Timing | 1 | 2 | 3 | 4 | 5 |
| Finishing | 1 | 2 | 3 | 4 | 5 |
| Overall | 1 | 2 | 3 | 4 | 5 |

Total Time: _____

Comments: