

COLOR EVALUATION

Name: _____

Date: _____

Procedure: _____

Teacher: _____

Model Choice	1	2	3	4	5
Consultation	1	2	3	4	5
Formulation	1	2	3	4	5
Application	1	2	3	4	5
Finishing	1	2	3	4	5
Timing	1	2	3	4	5
Overall Color Achievement (target color/design)	1	2	3	4	5
Hair integrity	1	2	3	4	5
Foil Placement	1	2	3	4	5
Overall	1	2	3	4	5

Total Time: _____

Comments:

Name: _____

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Comments: