



CANDIDATE PERFORMANCE EVALUATION

CLIENT EVALUATION

Candidate please complete:

Name of Image Consultant: _____

Name of Client Evaluator (Print): _____

Address: _____

Phone Number: _____

Email: _____

Date(s) of Consultation: _____

To the Evaluator:

Please help me by taking a few minutes to fill out this Client Evaluation form as part of my AICI First Level Certification (AICI FLC) Application.

Please place the form in the **stamped addressed envelope** provided. Please seal the envelope and send it to me; it will remain confidential until opened by the Reviewers. I will receive a copy of the evaluation only if you have given permission to do so.

I **do** **do not** give my permission for the Candidate to read this evaluation.

Evaluator's Signature _____ Date _____

Image Consultation / Presentation Evaluation

Name of Image Consultant (Print): _____

Name of Consultation / Image Presentation: _____

Image Topics Covered: _____

Length of Consultation / Image Presentation: _____

Thinking about your sessions, ***how valuable was the image consultant's help to you?*** Please rate ***your level of satisfaction with the consulting/presenting process*** by circling the number that indicates how satisfied you are with each part of the process. Use the scale below.

YOUR SATISFACTION	1 Not Satisfied	2	3 Very Satisfied
Rapport with your consultant.	1	2	3
Your consultant's knowledge.	1	2	3
Your consultant's ability to relay knowledge.	1	2	3
Your consultant's ability to understand your goals.	1	2	3
Your consultant's ability to develop a plan to help you meet your goals.	1	2	3
Other area you were or were not satisfied with: (Please specify)	1	2	3

Did your meeting with the image consultant meet your expectations? Yes No

Was the image consultant professional in appearance and actions? Yes No

Evaluator's Signature _____ Date _____

Thank you! Please seal this survey in the envelope provided to you and return it and the cover sheet to your image consultant.