



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 Certified Image Consultant (AICI CIC) Portfolio.

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

I 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 _____

Date(s) of Consultation: _____

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.			
Your consultant's knowledge.			
Your consultant's ability to relay knowledge.			
Your consultant's ability to understand your goals.			
Your consultant's ability to develop a plan to help you meet your goals.			
Other area you were or were not satisfied with (Please specify)			

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.

Name _____ Date _____