



## CERTIFIED IMAGE PROFESSIONAL CLIENT EVALUATION

### Candidate Please Complete:

Name of Image Consultant: \_\_\_\_\_

Name of Client Evaluator (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date(s) of Consultation: \_\_\_\_\_

Please place the form in the **stamped addressed envelope** provided. Please seal and sign the envelope and send it to me. The contents will remain confidential until opened by the AICI CIP External Reviewer.

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Image Consultation/Presentation Evaluation

Name of Image Consultant (Print): \_\_\_\_\_

Type 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 consultant's work** by placing a check mark  in the appropriate box.

<b>YOUR SATISFACTION WITH YOUR CONSULTANT</b>	<b>Very Satisfied</b>	<b>OK</b>	<b>Not Satisfied</b>
Rapport with your consultant.			
Knowledge.			
Ability to share knowledge.			
Ability to understand your goals.			
Ability to help you develop a plan to your desired goals.			
Ability to help you achieve the desired results.			
Appearance and behavior			

What other comments would you like to make about the sessions with your image consultant and/or the results of the sessions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Thank you! Place this evaluation in the envelope provided and sign and seal it.  
Please send the document to me.***