



Hairstylist Foundation Practicum Result Report

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Toll Free: 1-866-660-6011
examrequest@itabc.ca

Please submit the completed form with class marks (if applicable) to examrequest@itabc.ca

1 GENERAL INFORMATION

Training Provider Name	Instructor Name	Instructor Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Training Provider Session ID	Start Date (mm/dd/yyyy)	End date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 APPRENTICE INFORMATION AND PRACTICUM TRAINING RESULTS

ITA Individual ID #	Legal Last Name	Legal First Name	300 Practicum Hours Completed		If 300 Hours not completed, please specify reason in the space below
1			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
16			Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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3 JOB TASKS – PRACTICAL COMPETENCIES FOR FOUNDATION

The following section lists the job tasks to be performed by students during the 300 hour practicum as part of the completion requirement of the Hairstylist Foundation program. As stated in the [Program Profile](#), the practicum is to be conducted in a supervised and simulated workplace environment. Descriptions of each task can be found in [Level 1 in the Program Outline](#).

- | | |
|--|---|
| <ul style="list-style-type: none"> • Sanitize tools, capes and smocks • Disinfect tools and equipment • Maintain a safe and hygienic environment • Use and maintain manual tools • Use and maintain electric tools • Use and maintain major equipment • Plan client services • Drape client • Use documentation • Use communication techniques • Consult with clients • Analyze hair and scalp • Respond to unfavourable hair and scalp reactions • Prepare hair for shampoo • Manipulate hair and scalp using shampoo and conditioner • Perform hair and scalp treatment • Cut hair with elevation | <ul style="list-style-type: none"> • Cut hair without elevation • Customize haircuts • Trim and remove nape hair • Trim and remove facial hair • Prepare and style wet hair • Set wet hair • Prepare and style dry hair • Chemically wave hair • Colour virgin hair and regrowth • Colour hair using colour placement and techniques • Lighten virgin hair and regrowth • Lighten hair using customized placement and techniques • Tone pre-lightened hair • Select hair extensions, wigs and hairpieces • Customize and maintain hair extensions, wigs, and hairpieces • Perform front-end responsibilities • Control inventory and merchandise |
|--|---|

4 INSTRUCTOR DECLARATION

I confirm that the preceding student(s) have competently performed the job tasks listed above in section 3 under supervision.

YES NO

INSTRUCTOR SIGNATURE

The collection, use, and disclosure of personal information included on this form is in accordance with the B.C.'s Freedom of Information and Protection of Personal Information Act (part 3) and/or B.C.'s Personal Information Protection Act (parts 4, 5 and 6)

I certify that the information I provided above (as the current or former instructor of the above students) is accurate.

Printed name of authorized representative of the training provider

Signature of authorized representative of the training provider

Date (mm/dd/yyyy)