

Your Consultant: _____

Date: _____



CONSULTANT Evaluation Questionnaire

(To be completed by Sisterlocks clients of 1-year or more)

Customer Name: _____

Address: _____

Phone: _____ Email: _____

1. How did you hear about Sisterlocks?

2. Briefly describe your early experience with Sisterlocks (First 1-6 months)

3. How did your Consultant help during this phase? (i.e. tips, problem solving, hand holding, etc.)

4. Briefly describe your experience with Sisterlocks after 6 months, and how your Consultant has helped you during this phase.

5. How often do you have your hair retightened? How long do your retightening sessions take? What is the experience like for you?

6. Please rate your overall satisfaction level with Sisterlocks as practiced by your Consultant (Circle One)

1(not satisfied) 2 3 4 5 6 7 8 9 10(very satisfied)

7. What could your Consultant do to improve your satisfaction level?

When completed, seal in an envelope and give to your Consultant to submit along with her paperwork for re-certification. Thank you!