



# ESTHETICS PROGRAM: OBSERVATION HOURS INFORMATION

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Observation hours are an important part of the admissions process for the Esthetics Program. The opportunity to observe a licensed esthetician in a licensed Spa/Salon setting allows the potential student to gain insight into the industry as well as helping determine if the Esthetics Industry is truly the pathway for the student.

## Requirements

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3 Appointments shadowed  
Signature of Licensed Professional on Time Log  
Time Log Must List Summary of Tasks

**We will reach out to your reference for verification.**

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# Observation Form

Licensed Professional Name: \_\_\_\_\_

Business: \_\_\_\_\_

| Date | Time Start | Time End | Licensed Professional Initials | Activities Observed |
|------|------------|----------|--------------------------------|---------------------|
|      |            |          |                                |                     |
|      |            |          |                                |                     |
|      |            |          |                                |                     |

## Questionnaire

1. How engaged and attentive was the student during the shadowing experience?

Excellent  Good  Satisfactory  Needs Improvement  Poor

2. How well did the student demonstrate professionalism (e.g., attire, communication, punctuality)?

Excellent  Good  Satisfactory  Needs Improvement  Poor

3. Based on your observations, how likely do you believe this student is suited for a career in esthetics?

Very Likely  Likely  Neutral  Unlikely  Very Unlikely

## Overall Feedback

Please provide any additional feedback on the student's performance, attitude, and potential in the field of esthetics:

I hereby verify that this applicant has met the above requirements and understand that I may be briefly contacted regarding the provided information. Under the Federal Education Rights and Privacy Act of 1974, I understand the student will have access to this form as part of their educational record.

Signature of Licensed Professional: \_\_\_\_\_

Professional Reference Email: \_\_\_\_\_

Professional Reference Phone Number: \_\_\_\_\_