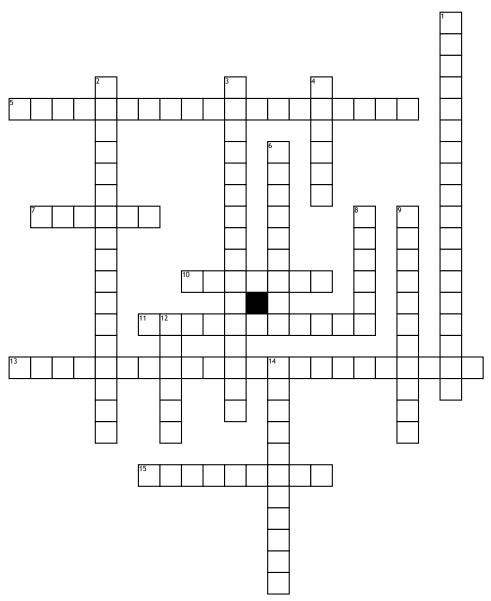
Name:	Date:	Period:
-------	-------	---------

## **cH 3 COMMUNICATING FOR SUCCESS**



## **Across**

5. LISTENING TO A CLIENT AND THEN REPEATING IN YOUR OWN WORDS WHAT YOU THINK THE CLIENT IS TELLING YOU

7. \_\_\_\_\_ SERVICES
10. THE CLIENTS

CHARACTERISTICS

11. DISCOVER AND RATE THE

CLIENT'S

13. THE ACT OF SHARING INFORMATION BETWEEN TWO PEOPLE SO THAT IT IS SUCCESSFULLY UNDERSTOOD

15. MAKE \_\_\_\_\_ AS PART OF THE NEEDS ASSESSMENT Down

1. COMMUNICATION WITH A CLIENT THAT DETERMINES WHAT THE CLIENTS WANTS AND NEEDS ARE

2. CLIENTS PERMANENT
PROGRESS RECORD OF SERVICES
RECEIVED, RESULTS,
FORMULATIONS, AND PRODUCTS
PURCHASED OR USED
3. ALSO KNOWN AS CLIENT

3. ALSO KNOWN AS CLIENT QUESTIONNAIRE, CONSULTATION CARD OR HEALTH HISTORY FORM

**4.** REVIEW THE CONSULTATION (STEP 10)

6. REVIEW THE CLIENT'S

8. PREFORM A NEEDS MENT

9. ENCOURAGE THE CLIENT
TO DESCRIBE STYLES OR
SERVICES THAT THEY LIKE
12. \_\_\_\_\_ THE INTAKE

FORM

14. DISCUSS UPKEEP AND