

Esthetics Skillbook

MAKE UP ASSESSMENT

Date _____

Name _____

Skin Type Normal ☐ Dry ☐ Oily ☐ Combination ☐
Skin Texture Thin ☐ Medium ☐ Thick ☐
Undertone Peach ☐ Pear ☐ Lemon ☐ Cherry ☐ Berry ☐ Grape ☐

Level

1 Very Light ☐ Light ☐ Medium ☐ Dark ☐ Deepest ☐
 2 Very Light ☐ Light ☐ Medium ☐ Dark ☐ Deepest ☐
 3 Very Light ☐ Light ☐ Medium ☐ Dark ☐ Deepest ☐
 4 Very Light ☐ Light ☐ Medium ☐ Dark ☐ Deepest ☐
 5 Very Light ☐ Light ☐ Medium ☐ Dark ☐ Deepest ☐
 6 Very Light ☐ Light ☐ Medium ☐ Dark ☐ Deepest ☐

Eyes Round ☐ Close Set ☐ Protruding ☐ Heavy Lidded ☐ Dark Circles ☐ Small ☐ Deep Set ☐

Lines Deep Wrinkles ☐ Superficial Lines ☐ Crow's Feet ☐ Expression Lines ☐

Highlight and Shading

Nose Area
 Cheek Area
 Chin Area
 Forehead Area
 Entire face



Your Natural Color

Peach ☐
 Pear ☐
 Lemon ☐
 Cherry ☐
 Berry ☐
 Grape ☐

Intensified

Lemon/Pear
 Peach/Lemon
 Peach/Pear
 Grape/Berry
 Grape/Cherry
 Cherry/Berry

Dramatic

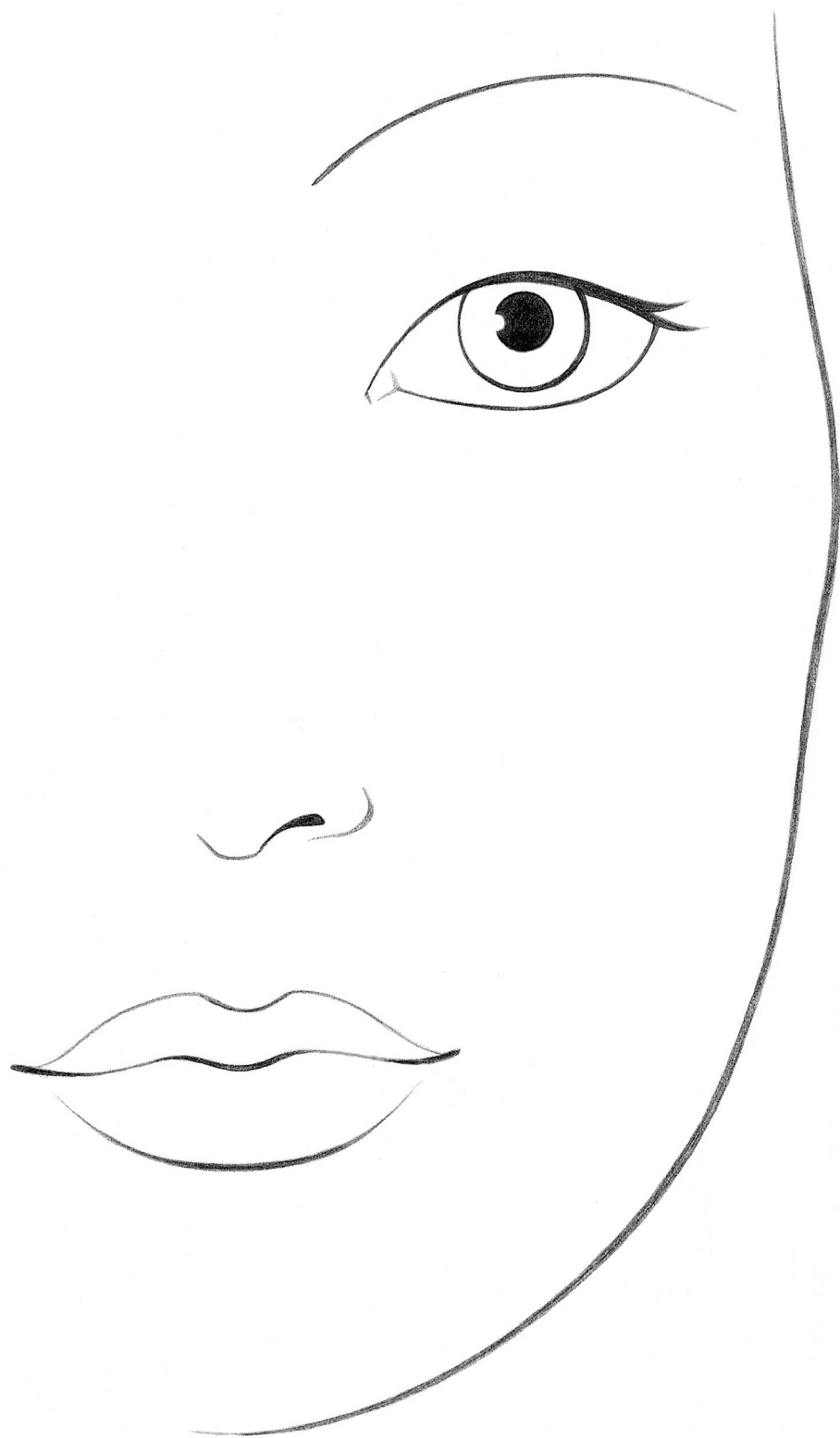
Cherry/Berry
 Cherry/Berry
 Grape/Berry
 Peach/Pear
 Pear/Peach
 Lemon/Pear

Special Occasion

Grape
 Grape
 Cherry
 Lemon
 Lemon
 Peach

Esthetics Skillbook

MAKEUP FACE SHEET ONE



Esthetics Skillbook

MAKEUP FACE SHEET TWO

