



MISSISSIPPI BOARD OF BARBER EXAMINERS

THIS FORM IS ONLY REQUIRED IF THE LICENSED SCHOOL DOES NOT HAVE A COMPUTER-GENERATED REPORT AVAILABLE FOR USE												
School Name						Student Number						
School Address												
City				State				Zip				
MONTHLY TRAINING PROGRESS REPORT – ADVISING AND ABSENTEE REPORT												
Name of Trainee						Address						
City				State		Zip		SSN #				
Attendance From						Attendance To						
Month		Date		Year		Month		Date		Year		
Attendance												
Days absent this month						Days tardy this month						
Absences excused		Yes		No		Tardies excused		Yes		No		
Comments on excuses												
Progress this month			√	Quality of Work				√	Cooperation in Training			√
Good				Good					Good			
Average				Average					Average			
Slow				Slow					Slow			
√	Difficulties trainee is having this month											
	Learning subject matter					Comments						
	Following instructions					Comments						
	Handling tools or machines					Comments						
	Speed					Comments						
	Accuracy					Comments						
	Dress					Comments						
	Sanitation					Comments						
	With transportation					Comments						
	With family problems					Comments						
	Other (describe)					Comments						
Subjects or Operations this month with grades or ratings												
Subjects or Operations						Grade or Rating						
						Good		Average		Poor		
						Good		Average		Poor		

TOTAL ACCUMULATED HOURS FROM PREVIOUS MONTH *****																																	
→	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TT	
Hou rs Abs																																	
Hou rs Att																																	
Total hours for month													TOTAL ACCUMULATED HOURS																				
Student signature													Signature (official in charge)																				
Length of course (hrs)																																	
Full time [] Part time []													Date																				

