



MISSISSIPPI BOARD OF BARBER EXAMINERS

THIS FORM IS ONLY REQUIRED IF THE LICENSED SCHOOL DOES NOT HAVE A COMPUTER-GENERATED REPORT AVAILABLE FOR USE						DATE OF THE MONTH	HOURS ABSENT	HOURS IN ATTENDANCE
School Name			Student Number			1		
School Address						2		
City		State		Zip		3		
MONTHLY TRAINING PROGRESS REPORT – ADVISING AND ABSENTEE REPORT						4		
Name of Trainee			Address			5		
City		State		Zip		6		
SSN:						7		
Attendance From			Attendance To			8		
Month	Date	Year	Month	Date	Year	9		
Attendance						10		
Days absent this month			Days tardy this month			11		
Absences excused Yes No			Tardies excused Yes No			12		
Comments on excuses						13		
						14		
Progress this month	√	Quality of Work		√	Cooperation in Training		√	
Good		Good			Good			
Average		Average			Average			
Slow		Slow			Slow			
√	Difficulties trainee is having this month					21		
	Learning subject matter			Comments		22		
	Following instructions			Comments		23		
	Handling tools or machines			Comments		24		
	Speed			Comments		25		
	Accuracy			Comments		26		
	Dress			Comments		27		
	Sanitation			Comments		28		
	With transportation			Comments		29		
	With family problems			Comments		30		
	Other (describe)			Comments		31		
Subjects or Operations this month with grades or ratings								
Subjects or Operations				Grade or Rating		HOURS IN CURRENT MONTH		
				Poor	Good	Average	HOURS FROM PREVIOUS MONTH	
				Poor	Good	Average	TOTAL ACCUMULATED HOURS	
Student signature					Signature (official in charge)			
Length of course (hrs.)								
Full time [] Part time []					Date			

