



# MISSISSIPPI BOARD OF BARBER EXAMINERS

SCHOOL NAME: \_\_\_\_\_ STUDENT NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## MONTHLY TRAINING PROGRESS REPORT ADVISING AND ABSENTEE REPORT

Name of Trainee \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Student SS# \_\_\_\_\_

ATTENDANCE FROM \_\_\_\_\_ TO \_\_\_\_\_

MONTH    DATE    YEAR                      MONTH    DATE    YEAR

**Attendance**

Trainee was absent \_\_\_\_\_ days this month. Trainee was tardy \_\_\_\_\_ days this month.

Absences were excusable. Yes \_\_\_\_\_ No \_\_\_\_\_. Tardies were excusable. Yes \_\_\_\_\_ No \_\_\_\_\_

Comment on excuses \_\_\_\_\_

**Progress this Month**

(check one)

Good \_\_\_\_\_

Average \_\_\_\_\_

Slow \_\_\_\_\_

**Quality of Work**

(check one)

Good \_\_\_\_\_

Average \_\_\_\_\_

Slow \_\_\_\_\_

**Cooperation in Training**

(check one)

Good \_\_\_\_\_

Average \_\_\_\_\_

Slow \_\_\_\_\_

**Difficulties trainee is having this month (check one)**

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) \_\_\_\_\_

X-OUT SUNDAYS & MONDAYS.

**\*\*\*TOTAL ACCUMULATED HOURS FROM PREVIOUS MONTH\*\*\*** \_\_\_\_\_

WRITE C FOR EACH DAY SCHOOL IS OFFICIALLY CLOSED.

DATE	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	TOTAL	
HOURS																																	
ABS.																																	
ATT.																																	

TOTAL HOURS FOR THE MONTH \_\_\_\_\_

**\*\*\*TOTAL ACCUMULATED HOURS\*\*\*** \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ (OFFICIAL IN CHARGE)

LENGTH OF COURSE (HOURS) \_\_\_\_\_ DATE \_\_\_\_\_

FULL TIME ( ) PART TIME ( )