FOR DIVISION USE ONLY

Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Student - Instructor Quarterly Report Form

Not later than the 15th day after the calendar quarter, on a form provided by the department, a school shall submit a report on each student enrolled. This report must include the exact number of hours of theoretical and practical training completed by the student during the previous quarter, the exact number and type of practical operations completed by the student during the previous quarter. The quarterly report must maintain continuity from month-to-month, from the date of enrollment to the date of termination or completion of the course of instruction regardless of attendance by the student.

PART I	Stu	dent Information		
Student Name:	:		Student Permit Number:	
School Name:				
For the Month	of:		Year:	

F	PAR	ПΠ		Но	ours	of	At	ter	ıda	nce)																			
										ı	Hour	s of	Atte	nda	nce -	Day	s of	the	Mon	nth										
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 for Current Month: Total Hours for Las											Last						Tota (Cur	_	-			า)								

PART III	Transfer	Information	า		
Number of Ho Transferred* (Name of School:		
Hours in Atter	ndance:			Total Hours:	

^{*}Refer to 12 AAC 09.135 regarding transfer of hours.

PART IV Training Information

Subject	Minimum Hours	Hours Completed This Month/Quarter
State Law (Statutes and Regulations).	25	
Preparatory theoretical instruction, including teaching techniques, lesson planning, methods of instruction, evaluation of instruction, student record keeping, state record keeping, and school operation.	75	
Supervision of desk, booking appointments, and assigning student for clinic services.	25	
Clinic floor supervision under direct supervision of licensed instructor.	50	
The remaining 425 hours must be completed as scheduled by the school, but must inc	lude:	
A. Presentation of theoretical subjects in a classroom situation.	50	
B. Presentation of practical subjects in a classroom situation; and	50	
C. Supervision of clinic floor.	325	

PART V Signature

9.8.	ataic		
I certify that the above	ve information is true and correct to the best of my knowledge.		
Student Printed Name:			
Student Signature:		Date Signed:	
Instructor Printed Name:			
Instructor Signature:		Date Signed:	

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Instructor Signature:		Date Signed:	

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For the Month	of:		Year:	

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										ı	Hour	s of	Atte	nda	nce -	Day	s of	the	Mon	nth										
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Total Hours for Current Month: Total Hours for Las											Last						Tota (Cur	_	-			า)								

PART III	Transfer Information						
Number of Hours Transferred* (If Any):			Name of School:				
Hours in Atter	ndance:				Total Hours:		

^{*}Refer to 12 AAC 09.135 regarding transfer of hours.

PART IV Training Information

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Student Signature:		Date Signed:					
Instructor Printed Name:							
Instructor Signature:		Date Signed:					