STUDENT – INSTRUCTOR MONTHLY REPORT FORM

For the month of: ___________________________________________ Year ________

Name of Student: _____________________________________________

Student Mailing Address: _______________________________________

Name of School/Shop: __________________________________________

Total hours each day of the month:

<table>
<thead>
<tr>
<th>DAYS OF THE MONTH</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>For Month</td>
</tr>
<tr>
<td>Hours of Attendance</td>
<td></td>
</tr>
</tbody>
</table>

Hours Transferred, if any ___________ Name of School: ___________________________
(Refer to 12 AAC 09.135 regarding transfer of hours)

Hours in attendance here ___________ TOTAL HOURS ______

Total operations/hours TO DATE: ___________

Minimum Hours of Instruction

1. Rules and regulations of the Alaska Board of Barbers and Hairdressers .........................(25) ______

2. Preparatory theoretical instruction, including teaching techniques, lesson planning, methods of instruction, evaluation of instruction, student record keeping, state record keeping, and school operation.................................................................(75) ______

3. Supervision of desk, booking appointments, and assigning student for clinic services ..........(25) ______

4. Clinic floor supervision under direct supervision of licensed instructor............................(50) ______

5. The remaining 425 hours must be completed as scheduled by the school, but must include:
   (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) ______

Signature of licensed instructor for the month

_________________________ (Instructor) __________________________ (Signature of Student)

_________________________ (Date) __________________________ (Date)

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