



SCC Cosmetology Department

DAILY TASK/PERFORMANCE REPORT

Last name _____ First _____ M.I. _____ Date _____

Quarter 1 2 3 4 5 6 M E

List each task you have performed for the day and the amount of time you used for each task.

TASK	NO.	TIME	M	C
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
Theory				

This report must be turned in at the end of each day or you will not receive credit for the tasks performed!