

COLLEGE OF EDUCATION AND LIBERAL ARTS
EDUCATION DEPARTMENT

FIELD STUDY OBSERVATION
DAILY TIME RECORD

NAME: Melody B. Cabunag
COOPERATING SCHOOL: Coranglaan Elementary School
FIELD STUDY CODE AND SCHEDULE: EDU 055 / Friday 1:30 - 2:30

DATE	AM-IN	AM-OUT	PM-IN	PM-OUT	TOTAL HRS	VERIFIER
Feb. 27'2023	6:55	11:35	12:55	4:00	8.5	<i>[Signature]</i>
Feb. 28'2023	6:54	11:35	12:54	4:00	8.5	<i>[Signature]</i>
March 1'2023	6:52	11:35 <i>[Signature]</i>	12:50	4:00	8.5	<i>[Signature]</i>

I certify to my honor that the above is true and correct report of hours of work performed, record of which was made daily at the time of arrival and at departure from the cooperating school.

Melody B. Cabunag

Signature over printed name

Notes from the Resource/Cooperating teacher:

Resource/Cooperating Teacher: SHERYL T. ESCANO
Dater Signed: 1/27/28 Signature: *[Signature]*

Professor: _____
Date Received: _____ Signature: _____