

**COLLEGE OF EDUCATION AND LIBERAL ARTS
EDUCATION DEPARTMENT**

**FIELD STUDY OBSERVATION
DAILY TIME RECORD**


NAME: Sembrana, Joan

COOPERATING SCHOOL: East Central Integrated School

FIELD STUDY CODE AND SCHEDULE: _____

DATE	AM-IN	AM-OUT	PM-IN	PM-OUT	TOTAL HRS	VERIFIER
Feb. 27, 2023	7:02	11:35	12:46	4:15	8	<i>Joan</i>
Feb. 28, 2023	6:55	11:37	12:35	4:11	8	<i>Joan</i>
March 1, 2023	6:56	11:44	12:30	4:35	8	<i>Joan</i>

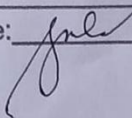
I certify to my honor that the above is true and correct report of hours of work performed, record of which was made daily at the time of arrival and at departure from the cooperating school.


Joan V. Sembrana
Signature over printed name

Notes from the Resource/Cooperating teacher:

THE TEACHER SHOWS EAGERNESS TO LEARN IN HANDLING LEARNERS. SHE TRIES HER BEST
TO DISCIPLINE THEM.

Resource/Cooperating Teacher: VANESSA F. NICOLAS

Dater Signed: 3-1-22 Signature: 

Professor: _____

Date Received: _____ Signature: _____