




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

**FIELD STUDY OBSERVATION  
DAILY TIME RECORD**

NAME: SAYSON, CYRELLE KATE L.

COOPERATING SCHOOL: CARANGLAAN ELEMENTARY SCHOOL

FIELD STUDY CODE AND SCHEDULE: EDU 055 - FRIDAY 1:30 - 2:30 PM

DATE	AM-IN	AM-OUT	PM-IN	PM-OUT	TOTAL HRS	VERIFIER
02/27/23	7:02	11:50	12:30	4:10	8	
02/28/23	7:14	11:35	1:00	4:30	8	
02/01/23	7:20	12:00	1:00	5:13	8	

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.

NAPA VIRAY

Signature over printed name

Notes from the Resource/Cooperating teacher:

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Resource/Cooperating Teacher: \_\_\_\_\_

Dater Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

Professor: \_\_\_\_\_

Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_