

NAME: Raymund P. Labaro

COOPERATING SCHOOL: WCES I

FIELD STUDY CODE AND SCHEDULE: EDU 055 - Friday 1:30 - 3:00 PM

DATE	AM-IN	AM-OUT	PM-IN	PM-OUT	TOTAL HRS	VERIFIER
Feb, 27, 2023	8:15	12:00	1:00	4:30	8 hrs & 45 mins	<i>[Signature]</i>
Feb 28, 2023	7:30	12:00	1:00	4:30	10 Hrs	<i>[Signature]</i>
Feb March, 1, 2023	7:30	12:00	1:00	4:30	10 Hrs	<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.

RAYMUND P. LABARO

Signature-over printed name

Notes from the Resource/Cooperating teacher:

Kudos to sir Raymund for a job
well done in assisting in my class.

Resource/Cooperating Teacher: Raymond Martin Coson

Dater Signed: 03/01/2023

Signature: *[Signature]*

Professor: _____

Date Received: _____

Signature: _____