


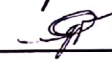

COLLEGE OF EDUCATION AND LIBERAL ARTS
EDUCATION DEPARTMENT

FIELD STUDY OBSERVATION
DAILY TIME RECORD

NAME: DIANE M. LOMBOY

COOPERATING SCHOOL: WEST CENTRAL ELEM. SCHOOL II

FIELD STUDY CODE AND SCHEDULE: EDW 055 (FRI 1:30pm - 2:30pm)

DATE	AM-IN	AM-OUT	PM-IN	PM-OUT	TOTAL HRS	VERIFIER
02-27-23	7:30	11:30	1:00	5:00	8 hrs.	
02-28-23	7:30	11:30	1:00	5:00	8 hrs.	
03-01-23	7:30	11:30	1:00	5:00	8 hrs.	

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.

DIANE M. LOMBOY
Signature over printed name

Notes from the Resource/Cooperating teacher:

She comes to school on time.

Resource/Cooperating Teacher: Mrs. Ednaline G. Valencia

Dater Signed: 03-01-23 Signature: _____

Professor: _____

Date Received: _____ Signature: _____