

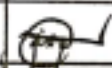


COLLEGE OF EDUCATION AND LIBERAL ARTS
EDUCATION DEPARTMENT

FIELD STUDY OBSERVATION
DAILY TIME RECORD

NAME: BOCCAYA REIA S.

COOPERATING SCHOOL: BONON BOQUIB ELEMENTARY SCHOOL (BDES)

FIELD STUDY CODE AND SCHEDULE: EDU 055

DATE	AM-IN	AM-OUT	PM-IN	PM-OUT	TOTAL HRS	VERIFIER
02/27/2023	7:00	11:30	1:00	4:30	8hrs	
02/28/2023	7:00	11:00	1:00	4:30	8hrs	
03/01/2023	7:00	11:30	1:00	4:30	8hrs	

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.


JUDITH M. AQUINO


Signature over printed name

Notes from the Resource/Cooperating teacher:

The teacher possesses a positive attitude toward teaching. She is very determined, helpful, responsible and diligent. She is very friendly and approachable to my learners. Thank you and keep it up Ms. Bercay.

Resource/Cooperating Teacher: JUDITH M. AQUINO

Dater Signed: March 01, 2023

Signature: 

Professor: _____

Date Received: _____

Signature: _____