

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Raleigh Calderon

Please call the CSN Instructor(s) should you have any additional comments regarding the student's performance and/or participation today.

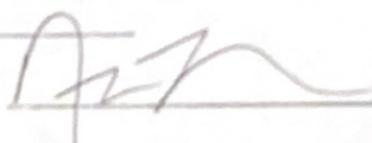
Instructor Contact Information:

Donna Neel – Cell (806) 441-5222 or Office (806) 725-8934

Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8951

Community Site: Dr. Zavala Date: 8-27-24

Student's Arrival Time: 0800 Departure Time: 1700

Printed Name of Staff: Dr. Noelle Zavala Signature: 

Community Site: Southwest AA Date: 9-2-24

Student's Arrival Time: 1730 Departure Time: 6:30

Printed Name of Staff: Arden R Signature: 

Community Site: Southwest Group Date: 9/2/24

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____