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6. Okoro Afokoghene
7. Gideon Adeyemi
8. Ngozi Adeleye
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11. Omoniyi Olagunju
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13. Folasade Adegboye
14. Bukola Ayepola
15. Felicia Olokoyo
16. Stephen Ojeka

THE OBJECTIVES OF THE TRAINING LOG BOOK.

- This book is to assist the student to keep records of daily activities during the climate change club activities.
- The daily activities carried out during the club meetings are to be recorded clearly with sketches and diagrams where applicable.
- Students are required to present their activity log books weekly to their coordinators for assessment of content and progress.
- The RCE Ogun Climate Change Supervisor will assess the log books at the end of the programme and record his comments on the page provided for this purpose.

STUDENT'S PARTICULARS

NAME OF STUDENT.....
(Surname First)

SCHOOL.....

CLASS.....

[illegible]

[illegible]

[illegible]

[illegible]

FOR SKETCHES, DIAGRAM AND GRAPHS

(Additional drawings may be attached where necessary)

DATE

Student's Signature:Date:

FOR SKETCHES, DIAGRAM AND GRAPHS

(Additional drawings may be attached where necessary)

DATE

Student's Signature:Date:

COMMENTS BY SCHOOL COORDINATOR

Name of Coordinator:.....

Signature of Official:

Date:.....

[illegible]

[illegible]

[illegible]

[illegible]

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(Additional drawings may be attached where necessary)

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COMMENTS BY SCHOOL COORDINATOR

Name of Coordinator:.....

Signature of Official:

Date:.....

[illegible]

[illegible]

[illegible]

[illegible]

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COMMENTS BY SCHOOL COORDINATOR

Name of Coordinator:.....

Signature of Official:

Date:.....

[illegible]

[illegible]

[illegible]

[illegible]

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COMMENTS BY SCHOOL COORDINATOR

Name of Coordinator:.....

Signature of Official:

Date:.....

[illegible]

[illegible]

[illegible]

[illegible]

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COMMENTS BY SCHOOL COORDINATOR

Name of Coordinator:.....

Signature of Official:

Date:.....

[illegible]

[illegible]

[illegible]

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FOR SKETCHES, DIAGRAM AND GRAPHS

(Additional drawings may be attached where necessary)

DATE

Student's Signature:Date:

[illegible]

COMMENTS BY RCE OFFICIALS.

Name of Coordinator:.....

Signature of Official:

Date:.....