**REGISTRO delle ATTIVITA’ di POTENZIAMENTO delle ATTIVITA’ PROFESSIONALIZZANTI**

**Corso \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prof./Prof.ssa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Materia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**data inizio \_\_\_\_\_\_\_\_\_\_ aula n. \_\_\_\_**

**OBIETTIVI DELL’ATTIVITA’:**

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| **Classe/i:** | |  | | | | | **N° allievi:** | | |  | | **Anno Scolastico :** | | | |  | |
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| **Docente:** | |  | | | | | | | | | | | | | | | |
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| **Disciplina o ambito disciplinare:** | | | | | |  | | | | | | | | | | | |
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| **intervento svolto in:** | | | **❒ orario curricolare** | | | | |  | **Note:** | | | | | | | |
|  | | | **❒ orario extracurricolare** | | | | |  | **Note:** | | | | | | | |

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| **Giorno** | **dalle ore** | **alle ore** | **per ore** | **Attività svolta** | **Firma Docente** |
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| **Totale ore :** | | |  |  |  |

**Date incontri / Assenze**

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| **Cl.** | **Allievo** |  |  |  |  |  |  |  |  |  |  |  |  | **Assenze Totali** |
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| **Allievo N.** | **Tipologia di Verifica in itinere e/o finale** | **Giudizio / Voto complessivo** |
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**RAGGIUNGIMENTO OBIETTIVI:**

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Dati necessari per il pagamento delle attività:

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| N. ORE a PAGAMENTO: \_\_\_\_\_\_ | N. ORE a RECUPERO: \_\_\_\_\_\_ |

Conegliano, \_\_\_\_\_\_\_\_\_\_\_ Firma del docente \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VISTO: IL DIRIGENTE SCOLASTICO

Dott.ssa Maria Chiara Massenz