**Istituto Omnicomprensivo di MALVITO**

**Anno Scolastico 2018/19**

**SCHEMA DI RILEVAZIONE - *GLH d’Istituto***

Insegnante di Sostegno prof \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insegnanti Coordinatori/Curriculari \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ASPETTI CONOSCITIVI DEL CASO**

Incontro del \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ presso \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alunno/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCUOLA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classe \_\_\_\_\_\_\_\_\_\_\_\_\_ /Sezione \_\_

Come da Diagnosi Funzionale e dai dati a disposizione, l’alunno/a presenta

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1. **PRESENTAZIONE DATI SIGNIFICATIVI PER L’ATTUAZIONE DEI PROCESSI D’INTEGRAZIONE**

**(aspetti didattico-educativi)**

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**3 CONSIDERAZIONI GENERALI E PROPOSTE (relative agli interventi da effettuare)**

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**EVENTUALI OSSERVAZIONI e/o PROPOSTE: (Genitori –Equipe Socio-psico-pedagogica – Servizi Sociali – etc)**

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**DATA FIRMA**

**........................................... Insegnante di sostegno**

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