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***ISTITUTO COMPRENSIVO N. 5 “TINA GORI”***

***Via Sapinia n. 38 - 47121 FORLÌ - tel. 0543 703001 fax. 0543 707042***

*cod. fisc. 92089400409*

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***Sito:*** [***www.ic5forli.edu.it***](http://www.ic5forli.edu.it/) *-* ***Codice univoco:*** *UFV8YH*

ANNO SCOLASTICO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCUOLA INFANZIA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GIORNALE DELLA PROGRAMMAZIONE**

**EDUCATIVO-DIDATTICA DI SOSTEGNO**

ALUNNO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEZIONE/CLASSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

INS.TE/I DI SOSTEGNO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPERATORI SCOLASTICI, SANITARI E SOCIO-SANITARI

Anno scolastico \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classe \_\_\_\_\_\_\_\_\_\_\_\_\_

OPERATORI SCOLASTICI

| Docenti | Ambiti disciplinari |
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OPERATORI SANITARI E SOCIO-ASSISTENZIALI

| Nominativo | Qualifica |
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Cadenza degli incontri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Alunn\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nat\_\_ a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indirizzo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recapito telefonico di riferimento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note di anamnesi personale

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CURRICULUM SCOLASTICO

| Anno |  |  |  |  |  |  |  |  |  |
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| Scuola |  |  |  |  |  |  |  |  |  |
| Classe |  |  |  |  |  |  |  |  |  |

Usufruisce del sostegno da anni \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tipo di deficit 

 Cognitivo Psicofisico

 Psichico Fisico

 Sensoriale

Diagnosi clinica (specificare il codice ICD-10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Interventi presso centri specialistici (tipo di intervento e cadenza) e attività extrascolastiche

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Esigenze / comportamenti specifici da segnalare

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 Composizione del nucleo familiare

| Nominativo | Parentela | Professione |
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Rapporti scuola-famiglia

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Tempo Scuola frequentato dall’alunno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orario di frequenza settimanale dell’alunno e tipo di intervento

| Orario  | Lunedì | Martedì | Mercoledì | Giovedì | Venerdì |
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Indicare la voce di riferimento per le modalità dell’intervento

* S = sostegno
* C = compresenza dei docenti curricolari
* D = docente curricolare

Indicare le modalità di utilizzo delle eventuali ore di compresenza dei docenti disciplinari della classe

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Descrizione della classe in cui è inserito l’alunno/a

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Relazioni con i compagni e strategie didattiche attuate nell’interesse dell’alunno/a (cooperative learning, mutuo insegnamento, etc..)

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Materiale, sussidi, attrezzature, laboratori ed eventuali progetti

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Breve analisi della situazione iniziale dell’alunno/a in merito al suo atteggiamento nei confronti dell’esperienza scolastica, autonomia e motricità (prassie e motricità globale), comunicazione, relazioni ed apprendimenti.

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Obiettivi raggiunti (sulla base del P.E.I.), difficoltà emerse, ipotesi e suggerimenti di intervento per il prossimo anno.

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L’INSEGNANTE DI SOSTEGNO

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 IL DIRIGENTE SCOLASTICO

 Prof.ssa Bandini Daniela

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