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| **A cura del Docente :temi e programmazione dell'intervento( obiettivi, metodi, strumenti, verifiche, altro)** |
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| **A cura del Docente: relazione finale(risultati conseguiti dagli alunni ed efficacia dell'intervento, altro)** |
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**Data:**

**Firma del/la docente \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| LICEO ARTISTICO “G. CANTALAMESSA”REGISTRO CORSI DI RECUPERO ESTIVIA.S. 2022/2023 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**LICEO ARTISTICO " G. CANTALAMESSA” MACERATA**

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| **DOCENTE INTERNO/ESTERNO***(cognome e nome)* |  |
| **DESTINATARI** *(Classi)* |  |
| **OGGETTO ATTIVITÀ'**  |  |
| **DURATA**(n°ore)*Come da allegato incarico* |  |

**A) ATTIVITÀ' DI DOCENZA**

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| ***data*** | ***orario*** | ***Tot.ore*** | ***Attività svolta*** |
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| **B) REGISTRO PRESENZE ALUNNI** |
| **STUDENTE****Cognome e nome** | **DATE *(indicare qui sotto le date dell'attività)* e ASSENZE *(indicare "a")*** | **TOT.**Assen.ze |  |
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| **26** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***N.B.*** | ***in caso di numero maggiore di partecipanti, si allega copia della presente pagina*** |  |