**ISTITUTO COMPRENSIVO “GIGI PROIETTI”**

**ANNO SCOLASTICO 20……/……**

**VERBALI RIUNIONI**

**COMMISSIONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COORDINATORE/I: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTECIPANTI**

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**Verbale di incontro Nr**……………….. **Data** …………………..

**Durata incontro**: **Nr ore** …………….. dalle ore ……………. alle ore ………………

**Docenti presenti:**

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**Argomenti trattati:**

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**Decisioni assunte:**

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**Allegati:**

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**Firma dei docenti presenti**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LABORATORIO DIDATTICO**

**Anno Scolastico 20\_\_/\_\_**

**DOCENTE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nr ORE SVOLTE** in orario aggiuntivo\***:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in orario extracurricolare\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nr ALUNNI COINVOLTI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTIVITA’ SVOLTE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EVENTUALI OSSERVAZIONI/ANNOTAZIONI:**

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\* In orario aggiuntivo all’orario di servizio del docente

\*\* In orario diverso da quello curricolare degli alunni

 **FIRMA docente**

**SCHEMA RIEPILOGATIVO DELLE ORE EFFETTUATE DA CIASCUN COMPONENTE A CURA DEL COORDINATORE (in ordine alfabetico)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DOCENTI** | **DATA****……………** | **DATA****……………** | **DATA****……………** | **DATA****……………** | **DATA****……………** | **DATA****……………** | **DATA****……………** | **DATA****……………** | **DATA****……………** |
|  |  | **n. ore** | **n. ore** | **n. ore** | **n. ore** | **n. ore** | **n. ore** | **n. ore** | **n. ore** | **n. ore** |
| **1** |  |  |  |  |  |  |  |  |  |  |
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| **8** |  |  |  |  |  |  |  |  |  |  |

Firma coordinatore/i…………………………………………………………………………………………………………………………………………………………..