**ANNO SCOLASTICO 2019/20**

**PROGETTO EDUCATIVO DIDATTICO**

**(EX ART. 41 – D.M. 331\98)**

**(a cura degli Insegnanti di classe )**

**ISTITUZIONE SCOLASTICA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alunno \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_classe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tipo di minorazione \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BISOGNI FORMATIVI DELL’ALUNNO**

**AREA COGNITIVA E NEUROPSICOLOGICA**

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**AREA AFFETTIVO – RELAZIONALE**

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**AREA ESPRESSIVO – LINGUISTICA**

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**AREA MOTORIO – PRASSICA**

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**AREA DELL’AUTONOMIA**

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**STRATEGIE CHE SI INTENDONO ATTIVARE PER SVILUPPARE LE POTENZIALITA’ PRESENTI O**

**RESIDUE, IN RAPPORTO ALLE RISORSE COMPLESSIVE DELLA SCUOLA**

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 **MODALITA’ DI VERIFICA DEGLI OBIETTIVI INDIVIDUALI PER IL PROGETTO DI INTEGRAZIONE O DI VITA, CON PREVISIONE PROGRAMMATA DELLA RIDUZIONE MOTIVATA DELL’IMPIEGO DELL’INSEGNANTE DI SOSTEGNO**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROPOSTA DI ATTIVAZIONE DELLE ORE DI SOSTEGNO SULLA BASE DELLE DETERMINAZIONI DEL G.L.I.S. IN RELAZIONE AL PRESENTE PROGETTO E AL P.E.I.**

**ORE DI SOSTEGNO N° \_\_\_\_\_\_**

**Eventuale necessità di assistente igienico – personale Si \_\_\_\_ NO \_\_\_**

**Eventuale necessità di assistente alla comunicazione e all’ autonomia (specificare)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eventuale altra figura specializzata**

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**PER IL G.L.I.S. Il Dirigente Scolastico**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATA \_\_\_\_\_\_\_\_\_\_\_\_\_\_**