MINISTERO DELL’ISTRUZIONE, DELL’UNIVERSITA’ E DELLA RICERCA

UFFICIO SCOLASTICO REGIONALE PER IL LAZIO

**ISTITUTO COMPRENSIVO – IC SUBIACO**

**24° C.T.P. DEL LAZIO**

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***Verbale di riunione* □ *GLH Operativo* □ *GLH Tecnico***

Scuola: □ Infanzia □ Primaria □ Secondaria

Alunno/a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ore sostegno Ore assistenza

Classe/Sez. Alunni in classe N. alunni in situazione

 di handicap

Il giorno…..………………….. alle ore…………… presso i locali della ……………………………………….. si è riunito il Gruppo di Lavoro per la verifica periodica del progetto.

Sono presenti:

|  |  |  |
| --- | --- | --- |
| *per la famiglia* |  | madre |
|  | padre |

|  |  |  |
| --- | --- | --- |
| *per l’equipe riabilitativa* *e l’assistenza educativa* |  | Neuropsichiatra |
|  | Logopedista |
|  | Dirigente scolastico |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| *per il team docente* |  | Insegnante di sostegno |
|  | Insegnante curricolare |

Il presidente, dichiarata aperta la seduta, ha dato inizio alla trattazione del seguente O.d.G.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dalla discussione degli argomenti è emerso quanto segue:

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* ***Osservazioni condivise***

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* ***Osservazioni non condivise***

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* ***Eventuali impegni presi***
* dalla famiglia

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* dalla scuola

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* ***Attività e partecipazione in ambiente terapeutico-riabilitativo***

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Sono in corso o recentemente conclusi interventi terapeutici o valutazioni diagnostiche:

□ NO

□ SI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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La riunione ha termine alle ore \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Il Gruppo di Lavoro si accorda al fine di incontrarsi nuovamente nel periodo di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vengono richiesti eventuali atti documentali: □ NO

□ SI - Quali? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***L’insegnante verbalizzante***

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