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***Ministero della Pubblica Istruzione***

***Istituto Comprensivo Statale “Marvasi - Vizzone” Rosarno –***

***San Ferdinando***

*Piazza Duomo n° 8 -* 89025 Rosarno (RC) – C.M.: RCIC825005 – C.F.: 91006770803

*🕾 e 🖷: 0966/773550 -* e-mail: [rcic825005@istruzione.it](mailto:rcic825005@istruzione.it)

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## PIANO EDUCATIVO INDIVIDUALIZZATO

(P.E.I.)

### ALUNNO**:**

CLASSE:

ANNO SCOLASTICO: **2016/17**

## **DATI CONOSCITIVI**

### **ALUNNO:**

**DATI ANAGRAFICI:** nato a  il

**ANAMNESI FAMILIARE E SOCIALE:**

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**CERTIFICAZIONE ATTESTANTE L’HANDICAP (DESUNTA DAL VERBALE DELL’A.S.L. O DA ALTRE CERTIFICAZIONI MEDICHE):**

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**VALUTAZIONE FUNZIONALE**

**DIFFICOLTA’ RELAZIONALI E COMPORTAMENTALI:**

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**DIFFICOLTA’ DI APPRENDIMENTO CONSEGUENTI ALLA SITUAZIONE DI HANDICAP**:

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**CAPACITA’ SENSO PERCETTIVA:**

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**CAPACITA’ COORDINATIVA:**

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**Capacità di attenzione e memoriZZAZIONE:**

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**CAPACITA’ ESPRESSIVA:**

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**CAPACITA’ LOGICO- MATEMATICA:**

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## **PIANO EDUCATIVO INDIVIDUALIZZATO**

OBIETTIVI DIDATTICI DI APPRENDIMENTO

**AREA:**

**AFFETTIVO RELAZIONALE** :

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**SENSORIALE :**

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**AUTONOMIA:**

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**MOTORIO- PRASSICA:**

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**LINGUISTICO- ESPRESSIVA:**

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**LOGICO-MATEMATICA:**

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**REGIONE CALABRIA**



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| ***AZIENDA SANITARIA PROVINCIALE***  ***di REGGIO CALABRIA*** |

**UNITA’ MULTISCIPLINARE DI GIOIA TAURO**

**STRADA STATALE 111 – TEL.-FAX O966/57886**

**VERIFICA INIZIALE**

**AI SENSI DELL’ ART.12 COMMA 6 DELLA LEGGE 104/92**

**AI SENSI DELL’ ART. 6 DEL D.P.R. 24.02.1994**

GRUPPO DI LAVORO DEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALUNNO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELLA SCUOLA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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OPERATORI SCOLASTICI Operatori U.M.D.

Ins. di Sostegno\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ins. di Classe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Genitore\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGIONE CALABRIA**



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| ***AZIENDA SANITARIA PROVINCIALE***  ***di REGGIO CALABRIA*** |

**UNITA’ MULTISCIPLINARE DI GIOIA TAURO**

**STRADA STATALE 111 – TEL.-FAX O966/57886**

**VERIFICA IN ITINERE**

**AI SENSI DELL’ ART.12 COMMA 6 DELLA LEGGE 104/92**

**AI SENSI DELL’ ART. 6 DEL D.P.R. 24.02.1994**

GRUPPO DI LAVORO DEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALUNNO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELLA SCUOLA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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OPERATORI SCOLASTICI Operatori U.M.D.

Ins. di Sostegno\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ins. di Classe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Genitore\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RICHIESTA ORE DI SOSTEGNO PER L’ A. S. 2017/20118**

Preso atto della documentazione (D.F. / P.D.F. e verifiche effettuate in sede di gruppo di lavoro – ex DPR 24 Febbraio 1994) relativa all’ alunn\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nata a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il\_\_\_\_\_\_\_\_\_\_\_\_\_\_

frequentante la classe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

della Scuola \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

considerato che il minore presenta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

per l’ espletamento del PEI si richiedono \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ore di sostegno.

**UNITA’ MULTISCIPLINARE**

**DI GIOIA TAURO**

**IL DIRIGENTE SCOLASTICO**

***Nicolantonio Cutuli***

**REGIONE CALABRIA**



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| ***AZIENDA SANITARIA PROVINCIALE***  ***di REGGIO CALABRIA*** |

**UNITA’ MULTISCIPLINARE DI GIOIA TAURO**

**STRADA STATALE 111 – TEL.-FAX O966/57886**

**VERIFICA FINALE**

**AI SENSI DELL’ ART.12 COMMA 6 DELLA LEGGE 104/92**

**AI SENSI DELL’ ART. 6 DEL D.P.R. 24.02.1994**

GRUPPO DI LAVORO DEL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALUNNO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DELLA SCUOLA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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OPERATORI SCOLASTICI Operatori U.M.D.

Ins. di Sostegno\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ins. di Classe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Genitore\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPERATORI SANITARI:**

**Unità Multidisciplinare A.S.P. n° 5**

**Ambito di PALMI**

NEUROPSICHIATRA INFANTILE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PSICOLOGO:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TERAPISTA RIAB.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEDAGOGISTA:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSISTENTE SOCIALE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATA:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPERATORI SCOLASTICI:**

DIRIGENTE SCOLASTICO:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSEGNANTE DI SOSTEGNO:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSEGNANTE CURRICULARE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSEGNANTE CURRICULARE:

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**GENITORI:**

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