OGGETTO: Gruppo di Lavoro.

Il Gruppo di Lavoro per l’alunno/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ della classe \_\_\_\_\_\_\_\_\_\_\_\_\_ della Scuola \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_si riunisce il giorno \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

dalle ore \_\_\_\_\_\_\_\_\_\_\_\_\_\_ alle ore \_\_\_\_\_\_\_\_ presso \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sintesi dell’incontro:

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Firme di presenza:

Cognome e Nome Firma dalle ore alle ore

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N.B.: Una copia del presente stampato dovrà essere depositata in Segreteria, l’altra inserita nel registro di Sostegno, successivamente alla riunione svolta.

IL DIRIGENTE SCOLASTICO

(Dott. Elvio Poloni)