| https://lh5.googleusercontent.com/TTfkAq51XHq9HRYzMG_1IKwoCFq0rnmCmQbFZx_66ZaHleeYPpyzrmJ1Svt8Zq6Ryxb17TosAEktVRJKDdGC6jlgqUN4s3or2-ecj46aVM3oYpgBYL4EtWeXIBd6b0sJArpNIBV-_2nuv3M_DPdwwQ | *Ministero dell’Istruzione e del Merito*  *Ufficio Scolastico Regionale per il Lazio*  **ISTITUTO COMPRENSIVO “NELSON MANDELA”**  Infanzia, - Primaria - Secondaria di 1° grado  Via dei Torriani, 44 – 00164 Roma Tel. 0666000349  Cod. Mecc. RMIC8FW00E – C.F. 97712890587  rmic8fw00e@istruzione.it - rmic8fw00e@pec.istruzione.it  www.icnelsonmandela.edu.it | https://lh5.googleusercontent.com/lw557pbmbAT2tv-JdhstS4DDtFWlm_MzcyI0b4_Ix1MBwrIR25MuFbjc0mcUnEZBSDEFvDRbIPvZazc3oF4Qqn-Jf0Br1fWakz1lKF05CWGcqAXZvwDtvKJXD6JvJ2drAEW1yDKuUNJUsrK2iL5bAw |
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**A.S. 20 /20**

**REGISTRO**

**Progetto PTOF**

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***Area ……………***

Data di inizio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data di termine: \_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_*

**REGISTRO DEI PROGETTI**

*PROGETTO:*

*CLASSE/I*

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*ALUNNI COINVOLTI N.:*

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*REFERENTE:*

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*DOCENTI COINVOLTI:*

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*ESPERTI ESTERNI:*

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*ENTI COINVOLTI:*

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IL REFERENTE

|  | **COGNOME E NOME DELL’ALUNNO** | **Ore**  **dalle alle** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Indicare le assenze con la lettera “A”

FIRMA DEL DOCENTE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA DELL’ESPERTO ESTERNO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **DATA** | **FIRMA DEL DOCENTE** | **FIRMA ESPERTO ESTERNO** | **FIRMA DI PERSONALE A.T.A. COINVOLTO** | **ATTIVITA’ SVOLTA** |
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| **RELAZIONE FINALE** |
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FIRMA DELL’ESPERTO ESTERNO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roma, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Il Dirigente scolastico

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