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|  | ***ISTITUTO STATALE D’ISTRUZIONE SECONDARIA SUPERIORE***  **“ G. B. NOVELLI ”**  Liceo delle Scienze Umane - Liceo Linguistico  Liceo delle Scienze Umane opzione economico sociale  Istituto Professionale Abbigliamento e Moda - Istituto Professionale per i Servizi Socio Sanitari  Istituto Professionale Servizi per l’Enogastronomia e l’Ospitalità Alberghiera  Via G.B. Novelli, N° 1 81025**MARCIANISE** (CE**)**  Codice Fiscale : 80102490614 **–** Distretto Scolastico n° 14  Segr. Tel :0823/511909 – Fax 0823511834 VicedirigenzaTel :0823-580019  Tel Dirigente Scolastico : 0823/511863  **E-mail :**[ceis01100n@istruzione.it](mailto:ceis01100n@istruzione.it)**E-mail certificata (PEC) :** [ceis01100n@pec.istruzione.it](mailto:ceis01100n@pec.istruzione.it)  **Sito Web :**[www.istitutonovelli.it](http://www.istitutonovelli.it/) |  |

**REGISTRO**

**ALTERNANZA SCUOLA LAVORO**

**ANNO SCOLASTICO 2016-2017**

**CLASSE: ……………..…….**

**INDIRIZZO: ……………………………………………………….**

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| **PROFILO IN USCITA DEL PERCORSO ASL DELLA CLASSE:** |

**PROGRAMMAZIONE ASL**

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| **TOTALE N° ORE ASL PROGRAMMATE A.S. 2016/17** |

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| **FOGLIO N°** | |
| N. | ALLIEVI | | FIRMA | LEZIONI DELLA GIORNATA Data \_\_/\_\_/2017 **CURRICULARE**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **1^ ORA** | | | | **Disciplina** | **Firma docente curriculare in ASL** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **2^ ORA** | | | | **Disciplina** | **Firma docente curriculare in ASL** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **3^ ORA** | | | | **Disciplina** | **Firma docente curriculare in ASL** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **4^ ORA** | | | | **Disciplina** | **Firma docente curriculare in ASL** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **5^ ORA** | | | | **Disciplina** | **Firma docente curriculare in ASL** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **6^ ORA** | | | | **Disciplina** | **Firma docente curriculare in ASL** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **7^ ORA** | | | | **Disciplina** | **Firma docente curriculare in ASL** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| N. | ALLIEVI | FIRMA | LEZIONI DELLA GIORNATA Data \_\_/\_\_/2017 **EXTRACURRICULARE**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **1^ ORA** | | | | **Tutor scolastico** | **Tutor aziendale** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **2^ ORA** | | | | **Tutor scolastico** | **Tutor aziendale** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **3^ ORA** | | | | **Tutor scolastico** | **Tutor aziendale** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **4^ ORA** | | | | **Tutor scolastico** | **Tutor aziendale** | | *Dalle* |  | *Alle* |  |  |  |   **Attività svolta**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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**TABELLA RIEPILOGATIVA ORE ASL PER ALUNNO**

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| ALLIEVI | | N° ORE ASL CURRICULARI EFFETTIVAMENTE SVOLTE | N° ORE ASL EXTRACURRICULARI EFFETTIVAMENTE SVOLTE | N° ORE TOTALI  SVOLTE |
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RELAZIONE FINALE TUTOR

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