**MINISTERO DELL’ISTRUZIONE E DEL MERITO**

**UFFICIO SCOLASTICO REGIONALE PER IL LAZIO - DIREZIONE GENERALE**

***ISTITUTO COMPRENSIVO STATALE PALOMBARA SABINA***

Viale Risorgimento 22 - 00018 Palombara Sabina

Cod. mecc. RMIC8AK00E - Cod. Fisc. 86002810587 – Distretto 33 Tel 0774635051 - Fax 077466029 - email: [rmic8ak00e@istruzione.it](mailto:rmic8ak00e@istruzione.it)

**SCHEDA DI RICHIESTA**

**VALUTAZIONE DIAGNOSTICA AL SERVIZIO T.S.M.R.E.E.**

**DATI RELATIVI ALL’ALUNNO/A**

COGNOME NOME

NATO/A IL A PROVINCIA

NAZIONALITà

DATI RELATIVI ALLA SCUOLA

GRADO DI SCUOLA CLASSE SEZIONE

DOCENTI

**INDICARE LE AREE IN CUI SI EVIDENZIANO LE DIFFICOLTà**

* COMPORTAMENTO
* LINGUAGGIO
* MOTRICITà
* APPRENDIMENTO
* ALTRO

**COMPILARE TUTTE LE AREE E FORNIRE UN’ACCURATA DESCRIZIONE**

COMPORTAMENTO

* RELAZIONE TRA PARI

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* RELAZIONE CON L’ADULTO

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* RISPETTO DELLE REGOLE

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EVENTUALI OSSERVAZIONI

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MOTRICITà

* GROSSOLANA

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* FINE

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EVENTUALI OSSERVAZIONI

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LINGUAGGIO

* COMPRENSIONE

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* PRODUZIONE

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* UTILIZZO

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EVENTUALI OSSERVAZIONI

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APPRENDIMENTO

* VELOCITà E LENTEZZA

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* COMPRENSIONE DLE TESTO

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EVENTUALI OSSERVAZIONE

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SCRITTURA

* GRAFIA

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* ORTOGRAFIA

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MATEMATICA

* CALCOLO

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* SOLUZIONE DI PROBLEMI

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EVENTUALI OSSERVAZIONI

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**INDICARE I PUNTI DI FORZA DELL’ALUNNO**

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**INDICARE GLI INTERVENTI EDUCATIVO- DIDATTICI EFFETTUATI, MIRATI AL SUPERAMENTO DELLE DIFFICOLTà EVIDENZIATE**

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LUOGO E DATA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRMA ESERCENTE PATRIA POTESTà FIRMA DOCENTI

FIRMA DEL DIRIGENTE SCOLASTICO

