**Tytuł projektu: „SKOK-Szkoły Kształcące Obsz@ry Kluczowe”**

**Nr projektu: RPDS.10.02.01-02-0036/17**

Dziennik zajęć

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|  |
| Szkoła |
| Rodzaj zajęć |
| Przedmiot |
| Data rozpoczęcia Data zakończenia |
| Łączna liczba godzin |
| Prowadzący zajęcia |

**SZCZEGÓŁOWY PROGRAM ZAJĘĆ**

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| 1. | Łączna liczba godzin: |  |
| 2. | Liczba uczniów: |  |
| 3. | Cele ogólne zajęć: |  |
| 4. | Cele szczegółowe zajęć (w postaci zapisu operacyjnego): |  |
| 5. | Metody i formy pracy: |  |
| 6. | Środki dydaktyczne: |  |
| 7. | Treści kształcenia: |  |
| 8. | Zakładane efekty zajęć |  |
| 9. | Narzędzia ewaluacji: |  |
| 10. | Literatura: |  |

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| *……………………………………………………………………….*  *Czytelny podpis Asystenta szkolnego* | *………………………………………………………………………*  *Czytelny podpis Prowadzącego zajęcia* |

**PLANOWANY HARMONOGRAM ZAJĘĆ**

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| **L.p.** | **Data**  **DD.MM.RRRR** | **Godziny (od … do…)** | **Miejsce** |
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**TEMATYKA ZAJĘĆ**

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| **Lp.** | **Data** | **Liczba godz. lekcyjnych** | **Temat zajęć** | **Podpis nauczyciela** |
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**LISTA OBECNOŚCI NA ZAJĘCIACH**

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**LISTA OBECNOŚCI NA ZAJĘCIACH**

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| Lp | Imię i nazwisko uczestnika | data: | data: | data: | data: | data: | data: | data: | data: |
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**LISTA OBECNOŚCI NA ZAJĘCIACH**

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