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| **FICHA PERSONAL DEL ALUMNO/A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ciclo Escolar 2020 - 2021** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DATOS DE IDENTIFICACIÓN DEL ALUMNO/A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre completo | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Foto | | | | | | |
| F. Nacimiento | | |  | | | | | | | | | | | | | No. hermanos | | | | | | | |  | | | | Grado | | | | |  | | | | Grupo | | | | | |  | | | | | |
| Domicilio | | Calle y Número | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Colonia |  | | | | | | | | | | | | | | | | | | | Municipio | | | | | | | | |  | | | | | | | | | | | C.P. | | | | |  | | | |
| Nombre del Padre | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Teléfono | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Estudios |  | | | | | | | | | | | | | | | | | | | | | | | | Profesión | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre de la Madre | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Teléfono | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Estudios |  | | | | | | | | | | | | | | | | | | | | | | | | Profesión | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONA DE CONTACTO EN CASO DE URGENCIA | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Teléfono | | | | | |  | | | | | | | |
| Parentesco | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS MÉDICOS (MARCAR CON UNA X LAS OPCIONES QUE SE PRESENTAN)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRESENTA TRATAMIENTO **(X)** | | | | | | | | | | | MÉDICO | | | SÍ | | | NO | | PSICOLÓGICO | | | | | | | | | | | SÍ | | NO | | | ADJUNTA INFORME MÉDICO **(X)** | | | | | | | | | | | | | | | | | SÍ | NO | | |
| ¿Ha estado hospitalizado? **(X)** | | | | | | | | | | SÍ | | NO | ¿Ha sido operado? **(X)** | | | | | | | | | | | | | | | | | SÍ | | NO | | | ADJUNTA DIAGNÓSTICO **(X)** | | | | | | | | | | | | | | | | | SÍ | NO | | |
| PRESENTA ALERGIA/S **(X)** | | | | | | | | | | | | | | | | | | | | | | SÍ | | | | NO | | CARACTERÍSTICAS DE LA ALERGIA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDICAR TIPO/S | | | | | | | | | **-** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PRESENTA ENFERMEDAD **(X)** | | | | | | | | | | | | | | | | | | | | | | | SÍ | | | NO | | CARACTERÍSTICAS DE LA ENFERMEDAD | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDICAR TIPO/S | | | | | | | | | **-** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PRESENTA DÉFICIT. GRADOS : A: Alto; M: Medio; B: Bajo **(X)** | | | | | | | | | | | | | | | | | | | | | | | SÍ | | | NO | | CARACTERÍSTICAS DE LA MINUSVALÍA/DÉFICIT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIPOS | | | A | M | | | B | | TIPOS | | | | | | | | | A | | | M | | | | | B | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUDITIVO | | |  |  | | |  | | RESPIRATORIO | | | | | | | | |  | | |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VISUAL | | |  |  | | |  | | CARDIACO | | | | | | | | |  | | |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TÁCTIL | | |  |  | | |  | | MOTRIZ | | | | | | | | |  | | |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OBSERVACIONES DE LOS DATOS MÉDICOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CONTEXTO FAMILIAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONDUCTAS FAMILIARES (SÍ-NO)** | | | | | | | | | | | | | | | | | | | | | | | | | | | **SITUACIÓN FAMILIAR (X)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aceptan situación hijo/a | | | | | | |  | | Presentan colaboración | | | | | | | | | | | | | | | | |  | Fallecimiento | | | | | | | Padre | | | | | | |  | | | Madre | | |  | | | | Ambos | | | |  |
| Presentan excesiva protección | | | | | | |  | | Demandan reuniones al maestro (a) | | | | | | | | | | | | | | | | |  | Desempleo | | | | | | | Padre | | | | | | |  | | | Madre | | |  | | | | Ambos | | | |  |
| Refuerzan logros | | | | | | |  | | Colaboran sólo si el (la) maestro (a) lo pide | | | | | | | | | | | | | | | | |  | Custodia por padres separados/divorciados (X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Castigan conductas disruptivas | | | | | | |  | | Organizan el tiempo de estudio | | | | | | | | | | | | | | | | |  | Padre | | | |  | | Madre | | |  | | | Abuelos | | | | | | |  | | | | Otros | | | |  | |
| Dialogan con su hijo/a | | | | | | |  | | Refuerzan el aprendizaje | | | | | | | | | | | | | | | | |  | PERSONAS QUE VIVEN EN EL SENO FAMILIAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | Revisión y firma de agenda a diario | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OBSERVACIONES DEL CONTEXTO FAMILIAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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