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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REGIÓN: | ${region} | FECHA: | | ${fecha} | | | | | | MUNICIPIO: | | | | ${municipalitie} | | | | | | | | | | |
| NOMBRE PSICOLOGO: | | | ${psi\_name} ${psi\_lastname} | | | | | | | | | | | | | | | | | | | | | |
| MONITOR O TÉCNICO APOYADO: | | | | ${monitor\_name} ${monitor\_lastname} | | | | | | | | | DISCIPLINA DEPORTIVA: | | | | | | ${discipline} | | | | | |
| NO. DE BENEFICIARIOS EN CAMPO: | | | | | ${n\_ben} | ESCENARIO: | ${scenary} | | | | | | | | | | | | | | | | | |
| OBJETIVO DEL ACOMPAÑAMIENTO: | | | | | ${obj.activity} | | | | | | | | | | | | | | | | | | | |
| ¿LOS BENEFICIARIOS RECONOCEN EL NOMBRE DEL PROYECTO? | | | | | | | | SI | ${BNT} | | NO | | ${BNF} | | |
| ¿LOS BENEFICIARIOS RECONOCEN EL VALOR DESARROLLADO EN EL MES? | | | | | | | | | | | SI | ${BDT} | | | NO | | ${BDF} |
| ¿SE OBSERVA ORGANIZACIÓN, DISCIPLINA Y BUEN MANEJO DE GRUPO DURANTE LAS SESIONES DE CLASE DEL MONITOR? | | | | | | | | | | | | | | | | | | | | SI | ${all\_ok} | NO | ${all\_not\_ok} |

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| **Descripción de actividades** | **Observaciones** |
| ${descripcion} | ${observaciones} |

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| **Registro fotográfico** |
| ${imagen} |