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| اﻟﻮﺻﻒ | ﻧﻌﻢ | ﻻ | ﺗﺼﻨﻴﻒ ﻋﻨﺎﺻﺮ اﻟﺘﻘﻴﻴﻢ |  | م |
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| اﻟﻤﻼﺣﻈﺎت | 5 | 4 | 3 | 2 | 1 | اﻟﻌﻨﺼﺮ | م |
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| **اﻟﺘﻮﻗﻴﻊ** | **اﻟﺘﺎرﻳﺦ** | **اﻟﻤﺸﺮف اﻟﺼﺤﻲ** |
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| اﻟﻤﻼﺣﻈﺎت | اﻟﺤﺎﻟﺔ | | اﻟﻌﻨﺎﺻﺮ | م |
| ﻻ | ﻧﻌﻢ |
| اﻟﻤﻮﻗﻊ واИﺑﻌﺎد | | | | |
|  |  |  | ﻣﻮﻗﻊ اﻟﻤﺪرﺳﺔ ﻣﻨﺎﺳﺐ )ﺑﻌﻴﺪ ﻋﻦ ﻣﺼﺎدر اﻟﺘﻠﻮث واﻟﺨﻄﺮ( | 1 |
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|  |  |  | ﻳﻮﺟﺪ ﻋﺪد ﻛﺎف ﻣﻦ ﺳﻼل اﻟﻨﻔﺎﻳﺎت ﻓﻲ اﻟﺴﺎﺣﺎت | 6 |
|  |  |  | ﻳﻨﻔﺬ رش اﻟﻤﺪرﺳﺔ دورﻳﺎ ﻟﻠﻮﻗﺎﻳﺔ ﻣﻦ اﻟﺤﺸﺮات واﻟﻘﻮارض | 7 |
|  |  |  | ﻳﺘﺨﻠﺺ ﻣﻦ اﻟﻨﻔﺎﻳﺎت ﺑﺸﻜﻞ ﻳﻮﻣﻲ | 8 |
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|  |  |  | ﻣﻌﺪل اﻻزدﺣﺎم ﻓﻲ اﻟﻔﺼﻮل ﻣﻨﺎﺳﺐ | 9 |
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|  |  |  | اﻟﺼﻔﻮف اﻻﻣﺎﻣﻴﺔ ﻣﺨﺼﺼﺔ ﻟﻀﻌﺎف اﻟﺴﻤﻊ واﻟﺼﺮ ﻣﻦ اﻟﻄﻠﺒﺔ | 11 |
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| **اﻟﺘﻮﻗﻴﻊ** | **اﻟﺘﺎرﻳﺦ** | **اﻟﻤﺸﺮف اﻟﺼﺤﻲ** |
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ﻧﻤﻮذج اﺳﺘﻤﺎرة زﻳﺎرات ﺗﻔﻘﺪ وﻣﺘﺎﺑﻌﺔ اﻟﻌﻴﺎدات اﻟﻤﺪرﺳﻴﺔ ﻓﻲ اﻟﻤﺪارس ﻓﻲ ﻧﻈﺎم ﻧﻮر

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| ﺗﺎرﻳﺦ اﻟﺰﻳﺎرة |  | اﻟﻤﺪرﺳﺔ |
|  |  | اﻟﻤﻮﺟﻪ اﻟﺼﺤﻲ |

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| اﻟﻤﻼﺣﻈﺎت | ﻏﻴﺮ ﻣﺘﻮﻓﺮ | ﻣﺘﻮﻓﺮ | اﻟﻌﻨﺎﺻﺮ | م |
|  |  |  | اﻟﻌﻴـﺎدة ﻣﻮﺟـﻮدة ﻓـﻲ اﻟـﺪور اNرﺿـﻲ و ﻗﺮﻳﺒـﺔ ﻣـﻦ اﻟﻤﺪﺧﻞ  اﻟﺮﺋﻴﺲ ﻟﻠﻤﺪرﺳــﺔ | 1 |
|  |  |  | ﻣﺴﺎﺣﺘﻪ اﻟﻌﻴﺎدة ﺗﺰﻳﺪ ﻋﻦ 4×3 أﻣﺘﺎر ﻣﺮﺑﻌﺔ | 2 |
|  |  |  | ﻳﻮﺟــﺪ ﺣــﻮض »ﻣﻐﺴــﻠﺔ« ﻣﻨﺎﺳــﺒﺔ ﻟﻐﺴــﻴﻞ اNﻳــﺪي ﻗﺒــﻞ ﻣﻌﺎﻳﻨــﺔ اﻟﺤــﺎﻻت ﻟﻤﻨــﻊ اﻧﺘﻘــﺎل اﻟﻌــﺪوى | 3 |
|  |  |  | ﺗﻬﻮﻳــﺔ وﺗﻜﻴﻴــﻒ وإﺿــﺎءة اﻟﻌﻴــﺎدة ﻣﻨﺎﺳــﺒﺔ وﻫﻨــﺎك ﺳــﺘﺎﺋﺮ  ﻋﻠــﻰ اﻟﻨﻮاﻓــﺬ | 4 |
|  |  |  | أرﺿﻴــﺔ اﻟﻌﻴــﺎدة ﺳــﻬﻠﺔ اﻟﺘﻨﻈﻴــﻒ واﻟﺘﻌﻘﻴــﻢ وﻻ ﻳﻮﺟــﺪ  ﺳــﺠﺎد أو ﻣﻮﻛﻴــﺖ ﻓــﻲ اﻟﻌﻴــﺎدة | 5 |
|  |  |  | ﻫﻨﺎك ﻟﻮﺣﺔ إرﺷﺎدﻳﺔ واﺿﺤﺔ ﻋﻠﻰ ﺑﺎب اﻟﻌﻴﺎدة | 6 |
|  |  |  | ﻳﻮﺟﺪ إﺷﺎرات وإرﺷﺎدات داﻟﺔ واﺿﺤﺔ ﻟﻤﻜﺎن اﻟﻌﻴﺎدة. | 7 |
|  |  |  | ﺗﻮﻓﺮ اNﺛﺎث اﻟﻤﻨﺎﺳﺐ ﻓﻲ اﻟﻌﻴﺎدة | 8 |
|  |  |  | ﺗﻮﻓﺮ اﻟﻤﻌﺪات واNﺟﻬﺰة اﻟﻼزﻣﺔ ﻓﻲ اﻟﻌﻴﺎدة | 9 |
|  |  |  | ﺗﻮﻓﺮ اNدوﻳﺔ واﻟﻤﻮاد اﻟﻼزﻣﺔ ﻓﻲ اﻟﻌﻴﺎدة | 10 |

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| **ﻣﻼﺣﻈﺎت ﻋﺎﻣﺔ** | | |
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| **اﻟﺘﻮﻗﻴﻊ** | **اﻟﺘﺎرﻳﺦ** | **اﻟﻤﺸﺮف اﻟﺼﺤﻲ** |
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ﻧﻤﻮذج إﺣﺼﺎﺋﻴﺔ اﻟﺴﻠﻮﻛﻴﺎت ﻏﻴﺮ اﻟﺼﺤﻴﺔ اﻟﺨﺎﻃﺌﺔ اﻟﻤﻨﺘﺸﺮة ﺑﻴﻦ اﻟﻄﻠﺒﺔ واИﺟﺮاءات اﻟﻤﺘﺨﺬة ﺣﻴﺎﻟﻬﺎ

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| ﻣﺘﺎﺑﻌﺔ اﻟﺤﺎﻟﺔ/ اИﺟﺮاءات | آﻟﻴﺔ اﻟﺮﺻﺪ | اﻟﺴﻠﻮﻛﻴﺎت واﻟﻌﺎدات اﻟﺼﺤﻴﺔ اﻟﺨﺎﻃﺌﺔ | ﻋﺪد اﻟﻄﻠﺒﺔ | اﻟﻤﺪرﺳﺔ | م |
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| **ﻣﻼﺣﻈﺎت ﻋﺎﻣﺔ** | | |
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| **اﻟﺘﻮﻗﻴﻊ** | **اﻟﺘﺎرﻳﺦ** | **اﻟﻤﺸﺮف اﻟﺼﺤﻲ** |
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ﻧﻤﻮذج ﺣﺎﻻت اﻟﻤﺸﻜﻼت اﻟﺼﺤﻴﺔ واИﻣﺮاض اﻟﻤﺰﻣﻨﺔ ﻓﻲ اﻟﻤﺪارس اﻟﺘﺎﺑﻌﺔ Иدارة اﻟﺘﻌﻠﻴﻢ.

ﻟﻠﻌﺎم اﻟﺪراﺳﻲ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| اИﺟﺮاءات اﻟﻤﺘﺨﺬة | ﻋﺪد اﻟﻄﻠﺒﺔ | اﻟﻤﺸﻜﻠﺔ اﻟﺼﺤﻴﺔ أو اﻟﻤﺮض اﻟﻤﺰﻣﻦ | اﻟﻤﺪرﺳﺔ | م |
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| **ﻣﻼﺣﻈﺎت ﻋﺎﻣﺔ** | | |
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| **اﻟﺘﻮﻗﻴﻊ** | **اﻟﺘﺎرﻳﺦ** | **اﻟﻤﺸﺮف اﻟﺼﺤﻲ** |
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ﻧﻤﻮذج اﻟﺤﺎﻻت اﻟﻤﻜﺘﺸﻔﺔ ﻟﻠﻤﺼﺎﺑﻴﻦ ﺑﺎИﻣﺮاض اﻟﻤﻌﺪﻳﺔ وﻣﺨﺎﻟﻄﻴﻬﻢ ﻓﻲ اﻟﻤﺪارس اﻟﺘﺎﺑﻌﺔ ﻟŲدارة اﻟﺘﻌﻠﻴﻤﻴﺔ

ﻟﻠﻌﺎم اﻟﺪراﺳﻲ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **اИﺟﺮاءات اﻟﻤﺘﺨﺬة** | **ﻋﺪد اﻟﻤﺨﺎﻟﻄﻴﻦ** | **ﻋﺪد اﻟﻄﻠﺒﺔ اﻟﻤﺼﺎﺑﻴﻦ** | **اﻟﻤﺮض اﻟﻤﻌﺪي** | **اﻟﻤﺪرﺳﺔ** | م |
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| **ﻣﻼﺣﻈﺎت ﻋﺎﻣﺔ** | | |
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| **اﻟﺘﻮﻗﻴﻊ** | **اﻟﺘﺎرﻳﺦ** | **اﻟﻤﺸﺮف اﻟﺼﺤﻲ** |
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ﻧﻤﻮذج اﻟﺘﻘﺮﻳﺮ اﻟﺴﻨﻮي ﻟﻠﻤﺸﺮف اﻟﺼﺤﻲ

ﻟﻠﻌﺎم اﻟﺪراﺳﻲ ....................

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ﻣﺤﺘﻮى اﻟﺘﻘﺮﻳﺮ

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| الصفحة | العنوان |
|  | مقدمة |
|  | أهداف التقرير |
|  | النطاق الزمني للتقرير |
|  | ملخص بالفعاليات والبرامج |
|  | اإلحصائيات |
|  | الصعوبات والمعوقات. |
|  | التوصيات والمقترحات |

**م ش س** 100

ﺳﺠﻞ ﺗﺼﻨﻴﻔﺎت وأرﺷﻔﺔ وﺛﺎﺋﻖ وﻣﺴﺘﻨﺪات ﻗﺴﻢ ﺷﺆون اﻟﺼﺤﺔ اﻟﻤﺪرﺳﻴﺔ

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| اﻟﺘﺮﻣﻴﺰ | اﻟﺘﺼﻨﻴﻒ | م |
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