SUBSECRETARIA DE EDUCACION BASICA

DIRECCION DE EDUCACION ESPECIAL

**REPORTE DE VISITA DE ACOMPAÑAMIENTO Y ASESORIA**

**1.- DATOS GENERALES:**

NOMBRE DE LA PERSONA VISITADA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUNCIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CENTRO DE TRABAJO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISIÓN \_\_\_\_\_\_\_\_\_\_

FECHA DE LA VISITA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LOCALIDAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE Y FUNCION DE QUIEN REALIZA LA VISITA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.- PROPÓSITO DE LA VISITA:**

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**3.- ASPECTOS DETECTADOS:**

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**4.- ACOMPAÑAMIENTO O ASESORÍA BRINDADA**

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**5.- ACUERDOS Y/O COMPROMISOS**

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FIRMA DE LA PERSONA VISITADA FIRMA DE QUIEN REALIZA LA VISITA