Alla Dirigente scolastica

Docente: Disciplina:

Classe:

**DESTINATARI ALUNNI:**

**COMPETENZE PERSEGUITE**:

**ORE COMPLESSIVE PREVISTE**

**CALENDARIO INCONTRI:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Il corso si svolgerà secondo il seguente calendario:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DATA** | **ORARIO** | | | | |  | dalle |  | alle |  | |  | dalle |  | alle |  | |  | dalle |  | alle |  | |  | dalle |  | alle |  | |  | dalle |  | alle |  | |  | dalle |  | alle |  | |  | dalle |  | alle |  | |  | dalle |  | alle |  | |

Data: L’Insegnante: