**ASP** REGIONE CALABRIA

AZIENDA SANITARIA PROVINCIALE COSENZA

Stabilimento Ospedaliero “N. Giannettasio” – Rossano

**PROFILO DINAMICO FUNZIONALE (Lex 104/92)**

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| COGNOME | | NOME | SESSO | | | | | NATO/A a | PROV. | |
| il | Residenza | | | | Indirizzo | | | | | N. Telefono |
| **PADRE**  Cognome …………....................................................  Nome……………………………………………………………………  Nato a ………………………………………………………………….  il………………………………………………………………………….  Titolo di studio…………………………………………………….  ………………………………………………………………………….  Professione…………………………………………………….. | | | | **MADRE**  Cognome ………….....................................................  Nome……………………………………………………………………  Nato a …………………………………………………………………  il…………………………………………………………………………  Titolo di studio……………………………………………………  …………………………………………………………………………..  Professione……………………………………………………….. | | | | | | **ALTRI FAMILIARI**  ……………………………………………………..  ……………………………………………………..  ……………………………………………………  ……………………………………………………  ……………………………………………………  ……………………………………………………  …………………………………………………… |
| **Anno scolastico 20………./20………… Livello scolastico**  □ Infanzia □ Primaria □ Secondaria 1° grado □ 2° grado | | | | | | | | | | |
| Denominazione dell’Istituto | | | | | | Sede e/o plesso | | | | |
| Classe e/o sezione | | | | | | Comune | | | | |
| **FREQUENZA SCOLASTICA**  □ Saltuaria □ Regolare  Insegnante di sostegno: □ no □ si ore sett. ………………………  Assistenza di Base: □ no □ si ore sett. ………………………  Assistenza Educativa: □ no □ si ore sett. ……………………… | | | | | | **TEMPO DI FREQUENZA SETTIMANALE**  □ solo turno antimeridiano: n. ore …………………………………..  □ orario normale: n. ore ………………………………………………….  □ tempo prolungato: n. ore …………………………………………….  □ tempo pieno: n. ore …………………………………………………….  □ altro (specificare): …………………………………………………….. | | | | |
| □ Altre figure ……………………………………………………………………………………………………………. □ per n. ……………………. ore settimanali | | | | | | | | | | |
| **MODALITA’ DI SOSTEGNO**  in compresenza □ ore settimanali…………………………………………  in piccolo gruppo □ ore settimanali…………………………………………  individuale □ ore settimanali………………………………………… | | | | | | | **ATTIVITA’ SCOLASTICHE**  Comuni □  Semplificate □  Differenziate □ | | | |

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| **DIAGNOSI CLINICA** ……………………………………………………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………...  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |
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| **QUALIFICA**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **FIRMA DEI COMPILATORI**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Data di compilazione ……………………………………………………………… Certificato Ris. n. ………………. del ……………………………………….

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