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| **REGISTRO DELL’ATTIVITA’ DI POTENZIAMENTO** |

**a.s. 20…../20…..**

**Prof./Prof.ssa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **REGISTRO DELL’ATTIVITA’ DI POTENZIAMENTO** | **a.s.** |

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| GIORNO | ATTIVITA’ In classe Supplenza Breve | CLASSE | N ore |
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| **ATTIVITA’ SUPPORTO ORGANIZZATIVO** |

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| **Data** | **Attività Svolta** | **Impegno orario** | |
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Il docente

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