Alla Dirigente scolastica

Docente: Disciplina:

Classe:

**DESTINATARI ALUNNI:**

**COMPETENZE PERSEGUITE**:

**ORE COMPLESSIVE PREVISTE**

**CALENDARIO INCONTRI:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: