Distretto Scolastico n.39

***MINISTERO DELL’ISTRUZIONE DELL’UNIVERSITA’ E DELLA RICERCA UFFICIO SCOLASTICO REGIONALE PER LA CAMPANIA***

Istituto Comprensivo Statale PULCARELLI PASTENA

***Scuola dell’infanzia- primaria - secondaria di I grado***

Via Reola – 80061 – Massa Lubrense (Na) – Tel.: 081/2133923

Cod. meccan. NAIC8D900T – C.F. 90078430635 - Codice Univoco Ufficio UFCW1J

**VIAGGIO DI ISTRUZIONE**

RELAZIONE FINALE

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| Classe/i |   |

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| Scuola | □ Infanzia | □ Primaria | □ Secondaria I grado |
| Plesso | □ Pastena□ Torca□ Cesaro | □ Pastena□ Torca□ Cesaro | □ Pulcarelli |

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| --- | --- |
| Destinazione |   |

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| --- | --- | --- | --- |
| Data partenza |   | Ora di partenza |  |
| Data rientro |  | Ora di rientro in sede |  |

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| --- | --- |
| Mezzo di trasporto |   |

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| --- | --- |
| Docenti accompagnatori | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| Altri accompagnatori(Assistenti, Collaboratori scolastici, Parenti degli alunni) | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**RELAZIONE TECNICA**

Valutazione qualità del servizio pasti (se previsto)

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Valutazione qualità e sicurezza del mezzo di trasporto

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**RELAZIONE DIDATTICA**

Obiettivi raggiunti (in relazione a quelli previsti con l’attività)

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Valutazione dei comportamenti tenuti dalla classe

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Suggerimenti migliorativi

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Firma dei docenti accompagnatori

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