**نماذج مقترحه لتوثيق البرنامج العلاجي**

**نموذج رقم (1)**

**بيان بأسماء التلاميذ المستفيدين من البرنامج العلاجي لمادة /.............................**

**خلال الفترة من: / / 14هـ - الى: / / 14هـ**

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| **م** | **اسم التلميذ** | **المادة** | **المهارات غير المتقنة** | **الصف والفصل** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
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**يقوم المرشد الطلابي او رائد الفصل بتعبئة البيان في حال عدم وجود مرشد طلابي بالمدرسة او مدير المدرسة** **ويستلم المعالج نسخه منه ويحفظ اصله في ملف لجنه التوجيه والارشاد.**

**المرشد الطلابي مدير المدرسة**

**الاسم: الاسم:**

**التوقيع: التوقيع:**

**التاريخ: / / 14هـ التاريخ: / / 14هـ**