**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** |  |  |  |  | | **5** |  |  |  |  | | **6** |  |  |  |  | | **7** |  |  |  |  | | **8** |  |  |  |  | | **9** |  |  |  |  | | **10** |  |  |  |  | | **11** |  |  |  |  | | **12** |  |  |  |  | | **13** |  |  |  |  | | **14** |  |  |  |  | | **15** |  |  |  |  | |

**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**