**ANEXO III - Registro do Acompanhamento do Atendimento Escolar Domiciliar**

Nome do(a) aluno(a):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Série: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escola Estadual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data do atendimento: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

Disciplinas e conteúdos trabalhados:

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Avaliações e Encaminhamentos:

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Assinatura Responsável pelo Aluno

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Assinatura Professor Especializado

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Coordenador de Gestão Pedagógica