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**Data di compilazione**

**Nome e cognome del proponente**

**Docente di**

**PROPONE L’ATTIVITA’:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Deliberata da: Collegio Docenti Consiglio di Istituto Commissione Cultura DS**

**DA AUTORIZZARE CON LA SEGUENTE PROCEDURA:**

1. **Comunicazione ad addetto stampa si no**
2. **Comunicazione alla TV Streaming si no**
3. **Invio comunicato e/o foto a cura del proponente a** [**ufficiostampa@liceotelesiocosenza.gov.it**](mailto:ufficiostampa@liceotelesiocosenza.gov.it)

**Date previste:**

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| **Giorno** | **Dalle ore** | **Alle ore** | **Giorno** | **Dalle ore** | **Alle ore** |
| **Giorno** | **Dalle ore** | **Alle ore** | **Giorno** | **Dalle ore** | **Alle ore** |
| **Giorno** | **Dalle ore** | **Alle ore** | **Giorno** | **Dalle ore** | **Alle ore** |

### **CHIEDE** di poter Utilizzare i locali:

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| **Sala Docenti**  **Aula Magna Riccardo Misasi**  **Auditorium**  **Aula Euclide** |
| **Laboratorio Linguistico 1**  **Laboratorio Multimediale Linguistico 2**  **OTT**  **Aula Robotica**  **Palestra** |

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| **Aula Trinity**  **Laboratorio fisica 1**  **Laboratorio fisica 2**  **Laboratorio di Scienze** |
| **Laboratorio di matematica/Sala video**  **Biblioteca**  **Laboratorio Editoriale**  **Sala TV Radio WEB**  **Altro (specificare):** |

**CLASSI coinvolte\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**per un totale di \_\_\_\_\_\_\_\_ alunni. DOCENTI accompagnatori\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PERSONALE richiesto: Assistente tecnico Collaboratore Scolastico**

**Esterno (specificare)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STRUMENTAZIONE necessaria:**

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| **Computer** | **Postazione mobile** | **Casse** |
| **Proiettore** | **Strumentazione Scientifica** | **amplificatore** |
| **LIM** | **Pianoforte** | **Altro (specificare)** |

**MATERIALE richiesto:**

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**PARERE UFFICIO 1**

**Positivo**

**Negativo (motivazione)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Altro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Docente 1^ Collaboratore del DS

Data\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prof.ssa Daniela Filice

**PARERE DSGA**

**Positivo**

**Negativo (motivazione)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Altro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DSGA

Data\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Avv. Liana Pucci

**Il DIRIGENTE**

**VISTI gli atti di ufficio**

**VISTI gli atti inseriti nella presente cartella AUTORIZZA NON AUTORIZZA**

**DISPONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Data\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Il Dirigente Scolastico**

**Ing. Antonio Iaconianni**

**Restituire all’Ufficio 1 prima della data prevista per l’attività**

**CHECK LIST:**

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| **UFFICIO DI PERTINENZA** | **COMPITO** | **SI** | **NO** |  |
|  |  |  |  |  |
| **Ufficio Alunni prof.ssa Garenna** | **Controllo autorizzazioni** |  |  |  |
| **Segreteria alunni** | **Annotazione su registri** |  |  |  |
|  | **Invio comunicazioni a famiglie** |  |  |  |
| **Segreteria docenti** | **Stipula nomine** |  |  |  |
| **Ufficio protocollo** | **Attività da protocollare** |  |  |  |
| **Ufficio 2 Prof. Sposato** | **Sostituzione docenti** |  |  |  |
| **URP prof.ssa Oranges** | **Archiviazione Allegato 1** |  |  |  |
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Comunicazione per le famiglie: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Allegato 1** **Da consegnare alla prof.ssa Oranges al termine dell’attività per la valutazione del credito**

**Attività: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Docente: Data:**

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