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| **PARTES DE ASISTENCIA INTERVENCIÓN INDIVIDUAL.**  **Convocatoria de ayudas económicas para la selección de operaciones para el refuerzo de la empleabilidad de personas con discapacidad psicosocial POISES 2022-2023** | | |
| Nº Expediente de la operación: | Entidad beneficiaria: | **INTERVENCIÓN INDIVIDUAL** |
| MES: | **Total horas mes**: |  |

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| **NOMBRE ALUMNA/O:** | |  | | | | |
| **NOMBRE PROFESIONAL/ES:** | |  | | | | |
| **Día del Mes** | **TUTORIA** | | | **Horas Totales Tutoría** | **Intervención / Observaciones (se indica que intervención se ha realizado)** | **FIRMA PARTICIPANTE**  **(Obligatorio)** |
| **Hora de entrada** | | **Hora de salida** |
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|  | **TOTAL HORAS MES** | | |  |  |  |

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| **Firma y sello de la entidad Firma del Profesional/ Profesionales** |