|  |  |  |
| --- | --- | --- |
| **PARTES DE ASISTENCIA DE LA CONVOCATORIA DE AYUDAS DE REFUERZO DE LA EMPLEABILIDAD DE PERSONAS JÓVENES CON DISCAPACIDAD PSICOSOCIAL POEJ 2020** | | |
| Nº Expediente del proyecto: | Entidad beneficiaria: | **Sesiones Individuales** |
| MES: | Total horas mes: |  |

|  |  |
| --- | --- |
| **ALUMNA/O:** |  |
| **TUTORA/OR** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Día del Mes** | **TUTORIA** | | **Horas Totales Tutoría** | **Intervención / Observaciones** | **FIRMA** |
| **Hora de entrada** | **Hora de salida** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |
|  | **TOTAL HORAS MES** | |  |  |  |

|  |
| --- |
| Firma y sello de la entidad Firma del Profesional |