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*Mod/T3- Rev. 4*

*Del 26/07/2023*

*LIBRETTO PRESENZE*

*Tirocinio Professionalizzante post-laurea*

*valido per l’ammissione all’Esame di Stato sezione B Albo degli Psicologi*

*Dott./Dott.ssa*

*Nato/a il* ***\_\_/\_\_/\_\_\_\_*** *a* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** *C.F.*

*Laureato/a in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in data \_\_/\_\_/\_\_\_\_*

*Università \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Semestre del tirocinio dal \_\_\_\_\_\_\_\_\_\_ al \_\_\_\_\_\_\_\_\_\_\_ per n° ore \_\_\_\_\_\_\_***

*(il numero delle ore deve corrispondere a quanto riportato nel libretto presenze)*

*Soggetto Ospitante:*

***Psicologo Supervisore:***

#### 1° MESE: 15/\_\_/\_\_\_\_ - 14/\_\_/\_\_\_\_

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| Data | Tot. ore giorno |  | Data | Tot. ore giorno |  | Data | Tot. ore giorno |
| 15 |  | 26 |  | 6 |  |
| 16 |  | 27 |  | 7 |  |
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**Attività Svolta:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Totale Giorni** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Totale Ore** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tirocinante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*TIMBRO ENTE*

#### 2° MESE: 15/\_\_/\_\_\_\_ - 14/\_\_/\_\_\_\_

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

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**Totale Giorni** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Totale Ore** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tirocinante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*TIMBRO ENTE*

#### 3° MESE: 15/\_\_/\_\_\_\_ - 14/\_\_/\_\_\_\_

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

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**Totale Giorni** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Totale Ore** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tirocinante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*TIMBRO ENTE*

#### 4° MESE: 15/\_\_/\_\_\_\_ - 14/\_\_/\_\_\_\_

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

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**Totale Giorni** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Totale Ore** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tirocinante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*TIMBRO ENTE*

#### 5° MESE: 15/\_\_/\_\_\_\_ - 14/\_\_/\_\_\_\_

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| Data | Tot. ore giorno |  | Data | Tot. ore giorno |  | Data | Tot. ore giorno |
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**Attività Svolta:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Totale Giorni** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Totale Ore** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tirocinante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*TIMBRO ENTE*

#### 6° MESE: 15/\_\_/\_\_\_\_ - 14/\_\_/\_\_\_\_

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

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**Totale Giorni** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Totale Ore** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Totale giorni svolti durante il semestre \_\_\_\_\_\_\_\_ Totale ore del semestre \_\_\_\_\_\_\_\_** |

Firma Tirocinante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*TIMBRO ENTE*

**ATTESTAZIONE FREQUENZA DI TIROCINIO**

Si attesta che il tirocinante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nato a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_il\_\_\_\_\_\_\_\_\_\_C.F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

laureat\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

presso l’Università \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ha svolto il tirocinio professionale di durata semestrale \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

presso \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n \_\_\_\_\_\_\_\_\_

durata del tirocinio: dal 15 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ al 14 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

per un totale di giorni \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, pari n. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ore complessive nel settore:

** Tecniche Psicologiche per i Contesti Sociali, Organizzativi e del Lavoro**

** Tecniche Psicologiche per i Servizi alla Persona e alla Comunità**

Il tirocinante sopraindicato ha svolto l’attività formativa con esito positivo.

Il Responsabile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Il Supervisore\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_