ALLEGATO 1

Al Dirigente Scolastico

dell’IC G.G. Ciaccio Montalto di Trapani

**PROGETTO A COSTO ZERO**

**TITOLO DEL PROGETTO**

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**RESPONSABILE DEL PROGETTO**

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**TIPOLOGIA DEL PROGETTO**

* Curricolare
* Extra-curricolare opzionale

**DESTINATARI**

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**ESIGENZE RILEVATE**

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**DESCRIZIONE SINTETICA**

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**ARCO TEMPORALE E ORARI**

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**RIFERIMENTO ALLE PRIORITÀ STRATEGICHE DEL PDM**

* Risultati scolastici
* Risultati prove standardizzate

Specificare:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**OBIETTIVI**

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**METODOLOGIE UTILIZZATE**

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**EVENTUALE FINANZIAMENTO RICEVUTO**

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| --- | --- |
| Ente | Totale contributo  |
|  |  |
|  |  |

**DATA DI APPROVAZIONE DEL CONSIGLIO DI INTERSEZIONE/INTERCLASSE/ CONSIGLIO DI CLASSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Trapani,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Il responsabile del Progetto

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

**VISTO, SI AUTORIZZA:**

Il Dirigente Scolastico

Dott.ssa Anna Maria Sacco