**SCUOLA**

 **Istituto Comprensivo “ Borgomanero 1 “**

 **Viale Dante 13**

 **28021 BORGOMANERO NO**

 **AL SERVIZIO DI**

 **NEUROPSICHIATRIA INFANTILE**

 **ASL NO**

 Viale Zoppis 6

 28021 BORGOMANERO NO

**OGGETTO: SEGNALAZIONE DI SITUAZIONE PROBLEMATICA**

SI RICHIEDE L’INTERVENTO DI CODESTO SERVIZIO PER:

L’ALUNNO/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NATO IL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FREQUENTANTE LA CLASSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEZ.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DELLA SCUOLA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

L’ALUNNO/A PRESENTA IL SEGUENTE CURRICULUM SCOLASTICO ( indicare le classi e le eventuali ripetenze)

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Dell’alunno si descrive:

**SITUAZIONE PROBLEMATICA**

Presentazione generale delle problematiche presentate

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**PIANO AFFETTIVO RELAZIONALE** (rapporto alunno/insegnanti e alunno/compagni)

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 **PIANO COGNITIVO** (ambito linguistico, logico-matematico..)

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 **PIANO PSICOMOTORIO** (deambulazione, motricità fine..)

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**ALTRO**

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**EVENTUALI INTERVENTI**

EFFETTUATI NELLA SCUOLA

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EFFETTUATI NELLA FAMIGLIA

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La presente situazione problematica è stata evidenziata alla famiglia da parte dell’insegnante

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

La famiglia, pertanto, è stata sollecitata a prendere contatti con il Vostro Servizio di Neuropsichiatria Infantile per capire la situazione ed aiutare il bambino.

In data\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GLI INSEGNANTI I GENITORI IL DIRIGENTE SCOLASTICO**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prof.ssa Giuseppa PAVONE

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

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