

**Orario personalizzato**

Alunno\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_classe\_\_\_\_\_\_\_\_\_\_\_\_

Dal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Al\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ora** | **Lunedì** | **Martedì** | **Mercoledì** | **Giovedì** | **Venerdì** | **Sabato** |
| 1a |  |  |  |  |  |  |
| 2a |  |  |  |  |  |  |
| 3a |  |  |  |  |  |  |
| 4a |  |  |  |  |  |  |
| 5a |  |  |  |  |  |  |
| 6a |  |  |  |  |  |  |
| 7a |  |  |  |  |  |  |
| 1a pom. |  |  |  |  |  |  |
| 2a pom. |  |  |  |  |  |  |
| 3a pom. |  |  |  |  |  |  |
| 4a pom. |  |  |  |  |  |  |

Savona, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del genitore\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Firma dell’insegnante di sostegno\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_