**Remisión docente**

Coordinación: \_\_\_ Docente orientador: \_\_

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| Fecha:  | Nombre estudiante:  |
| Grado | Jornada: |

**Motivo de remisión**

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Estrategias implementadas con el estudiante

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Nombre y firma del docente\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Área\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_