**FICHE INDIVIDUELLE DE SUIVI DES ELEVES A BESOINS EDUCATIFS PARTICULIERS**

**Circonscription Saint-Etienne Ouest**

Nom prénom :

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| --- | --- |
| Date | Observations et remarques |
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|  | Année scolaire | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Enseignant | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **ECOLE** | Participation à l'APC en période | | 1 | 2 | | 3 | 4 | | 5 | 1 | 2 | | 3 | 4 | | 5 | 1 | 2 | | 3 | 4 | | 5 | 1 | 2 | | 3 | 4 | | 5 | 1 | 2 | | 3 | 4 | | 5 | 1 | 2 | | 3 | 4 | | 5 | 1 | 2 | | 3 | 4 | | 5 | 1 | 2 | | 3 | 4 | | 5 |
| Stage de remise à niveau | | avril | | juil | | | aout | | avril | | juil | | | aout | | avril | | juil | | | aout | | avril | | juil | | | aout | | avril | | juil | | | aout | | avril | | juil | | | aout | | avril | | juil | | | aout | | avril | | juil | | | aout | |
| PPRE | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Equipe éducative | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Demande MDPH | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| PPS | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Aménagement du tps scolaire | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| PAP | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Autre (à préciser) | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **POLE RESSOURCE** | Demande d’aide | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Psychologue** | Entretien |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Bilan |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Aide relationnelle** | Observation |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Aide à la rédaction |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Suivi |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Aide pédagogique** | Observation |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
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| **EMPR** | Observation |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
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| **CPC** | Observation |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Aide à la rédaction |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
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| **SUIVI EXTERIEUR** | Proposition de suivi extérieur | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Orthophonie | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Orthoptie | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Psychomotricité/ ergothérapie | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| CMP/CATTP | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Consultation CTA | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Suivi Social | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Autre (à préciser) | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |