**PIANO EDUCATIVO INDIVIDUALIZZATO**

**per l’anno scolastico 2018/2019**

Classe:

|  |  |  |
| --- | --- | --- |
| **ALUNNO** | | |
| Cognome | Nome | data di nascita |
| luogo di nascita | residenza | Telefono |

**ANAMNESI**

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| **TIPOLOGIA DELLA DISABILITA’**  Certificazione clinica…………………………………………………………………………….  Codice prevalente: ............ secondario: ............. | | |
| * La scuola è in possesso di diagnosi funzionale |  |  |
| * La scuola è in possesso di certificazione medica |  |  |

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| **CARATTERISTICHE FISICHE** | | | | | |
| * Buono stato di salute |  |  | * Difficoltà di fonazione |  |  |
| * Armonia sta/ponderale |  |  | se si quali? | | |
| * Presenta dismorfismi |  |  |
| se si quali? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | * Buona funzionalità visiva |  |  |
| * Buona funzionalità uditiva |  |  |
| * Utilizza protesi sanitarie o ausili tecnici | | | |  |  |
| se si quali?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| * Esperienze scolastiche precedenti: iter scolastico normale | | | | | |
| * Interventi riabilitativi | | | |  |  |
| se si quali? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| * Trattamenti farmacologici | | | |  |  |
| se si quali? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| **FUNZIONALITA’ PSICOMOTORIA** | | | | | | |
| * Coordinazione dinamica generale | | |  | |  |  |
| * Dominanza laterale: destra sinistra   crociata non acquisita | | | | | | |
| * Motricità fine | adeguata | Parzialmente  adeguata | | Non adeguata | | |
|  |  |  | |  | | |
| * Coordinazione spazio – temporale | adeguata | Parzialmente  adeguata | | Non adeguata | | |
|  |  |  | |  | | |

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| **CARATTERISTICHE COMPORTAMENTALI** | | | | | |
| * Aggressività |  |  | * Dipendenza |  |  |
| * Partecipazione |  |  | * Accettazione regole |  |  |
| * Eventuali altre osservazioni: | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **QUADRO FAMILIARE** | | | | | | |
| Grado di parentela | Nome e Cognome | | | Età | Studi compiuti | Professione |
| Padre |  | | |  |  |  |
| Madre |  | | |  |  |  |
| Fratello |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
| * L’alunno vive in famiglia | |  |  |  | | |
| se no dove? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

COMPETENZE ACQUISITE RISPETTO ALLE AREE

**AREA PSICO-MOTORIA (schema corporeo, percezione, coordinazione motoria, lateralizzazione e coordinazione oculo-manuale, orientamento spazio-temporale, motricità fine, motricità globale, funzionalità visiva e uditiva, autonomia personale).**

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**AREA AFFETTIVO-RELAZIONALE (autostima, motivazione, partecipazione, relazione interpersonale, integrazione).**

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**AREA COGNITIVA (livello di sviluppo cognitivo, attenzione, memoria, processi di selezione – recupero - elaborazione dell’informazione, tempi e modalità di apprendimento).**

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**AREA LINGUISTICO-ESPRESSIVA (ascolto, comprensione e produzione dei linguaggi verbali e non verbali, lettura, scrittura, competenze linguistiche, capacità comunicative ed espressive).**

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**AREA LOGICO-MATEMATICA (forme e colori, concetti topologici, processi di seriazione e di classificazione, concetto di quantità e di numero, calcolo scritto e mentale, logica, risoluzioni di problemi, capacità di astrazione).**

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**AREA DELL’APPRENDIMENTO:**

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**INDICAZIONI OPERATIVE**

**Riferite alle aree di maggior carenza (difficoltà rilevate)**

**AREA PSICO-MOTORIA:**

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**AREA AFFETTIVO-RELAZIONALE**:

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**AREA COGNITIVA:**

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**AREA LINGUISTICO-ESPRESSIVA:**

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**AREA LOGICO-MATEMATICA:**

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**PROPOSTA EDUCATIVO-DIDATTICA**

**OBIETTIVI GENERALI**

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**OBIETTIVI A BREVE E MEDIO TERMINE**

**AREA PSICO-MOTORIA**

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**AREA COMUNICATIVO-LINGUISTICA**

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**AREA LOGICO-MATEMATICA**

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**AREA DEI LINGUAGGI MULTIMEDIALI**

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**Programmazione disciplinare**

Italiano:

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Storia:

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Geografia:

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Matematica:

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Geometria:

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Fisica:

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Inglese:

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Disegno:

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Latino:

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**IPOTESI OPERATIVA** (metodologie didattiche e tecniche)

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**RISORSE** (spazi, materiali e sussidi didattici)

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**QUADRO ORARIO** (tempi di lavoro, rapporto di sostegno)

Prof. ………………………………………………………… ore …...

Prof………………………………………………………….. ore ….

Assistente Specialistica: …………………………………………………………. ore; ………….

MODALITA’ DELL’INSERIMENTO (nella sezione, nella classe, nel modulo, nel plesso).

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PERSONALE, DOCENTE E NON DOCENTE, IMPEGNATO NEL PROGETTO EDUCATIVO E AMBITO DI COMPETENZA (Assistente educativo, assistenza di base)

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VERIFICA E VALUTAZIONE DEL PROGETTO(Criteri e modalità di valutazione).

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Stages Formativi:

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**CERTIFICAZIONE COMPETENZE PER LIVELLI:**

|  |  |  |  |
| --- | --- | --- | --- |
| **DISCIPLINE** | **BASE** | **INTERMEDIO** | **AVANZATO** |
| ITALIANO/LATINO |  |  |  |
| STORIA E GEOGRAFIA |  |  |  |
| MATEMATICA/GEOMETRIA E FISICA |  |  |  |
| EDUCAZIONE FISICA |  |  |  |
| DISEGNO |  |  |  |

N.B. L’avviso ministeriale del 21/04/2010 relativo al D.M. 9/10 rinvia all’articolo 3 comma 1 del D.M. 139 del 22/08/2007: “Ai fini dell’adempimento dell’obbligo di istruzione da parte degli alunni diversamente abili si fa riferimento al PEI nella progettazione delle attività didattiche educative”, ma come disposto dall’articolo 14 comma 1 lettera c della Legge 104/92 l’obbligo di istruzione può essere adempiuto sino al compimento del 18° anno di età.

**Adeguamento Pei**

In seguito al Glh di istituto svoltosi in data ……………. alla presenza dei rappresentanti della ASL e delle altre componenti, visto il riconoscimento della legge 104 art.3 comma 3, come da verbale del Glh operativo, tenutosi in data ……………...alle ore …………, viste le potenzialità emerse durante l’anno scolastico e nella prospettiva di poterle rinforzare, si chiede di assegnare all’alunno …………ore di sostegno per l’anno scolastico 20….-20….