APELLIDO Y NOMBRE DEL RESIDENTE:………………………………………………………………………………………………CURSO:………..…….. DIV:……………….



ESCUELA/JARDIN Nº:…………………………………………………………. TURNO M/T DOCENTE:…………………………………………………………………….

AÑO/CURSO:…………………………………. ………………. LUGAR DE TRABAJO:………………………………………………………………………………………………..

PROFESOR DE CAMPO DE LA PRACTICA:…………………………………………………………………………………………………………………………………………………

|  |
| --- |
| **FUNDAMENTACIÓN:** |
| **OBJETIVOS:** |
| **BLOQUES:** |
|  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTENIDOS** | **ACTIVIDAD DE APRENDIZAJE** | **ESTRATEGIAS** | **TIEMPO** | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CONTENIDOS** | **ACTIVIDAD DE APRENDIZAJE** | **ESTRATEGIAS** | **TIEMPO** | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

APROBADO

DESAPROBADO

*FIRMA DEL RESIDENTE:*

*FIRMA DEL PROFESOR DE CAMPO DE LA PRÁCTICA:*