# CONTROL DE ASISTENCIA A LA PRÁCTICA PROFESIONAL I

PRACTICANTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MENCIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONCENTRACIÓN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESOR DE PRÁCTICA DOCENTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASIGNATURA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AÑO: \_\_\_\_\_\_\_\_\_ SECCION: \_\_\_\_\_\_\_ AÑO ESCOLAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INICIO DE LA PRÁCTICA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FINALIZACIÓN DE LA PRÁCTICA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FECHA** | **HORA ENTRADA** | **HORA SALIDA** | **FIRMA DEL PRACTICANTE** | **FIRMA DEL PROF. ASESOR** |
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## SUPERVISIONES REALIZADAS POR EL PROFESOR DE PRÁCTICA DOCENTE

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| **FECHA** | **HORA** | **FIRMA DEL PROFESOR DE PRÁCTICA PROFESIONAL** | Observaciones |
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