**PLANO DE ATENDIMENTO EDUCACIONAL ESPECIALIZADO – PAEE**

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| **Informações Gerais do Estudante:** | | |
| **Nome:** | | **Idade:** |
| **Ano/Série:** | | **Data:** |
| **Tipo de Deficiência:** | | **CID:** |
| **Endereço:** | | |
| **Nome do Contato Familiar:** | **Telefone do Contato Familiar:** | |
| **Unidade Escolar:** | | |
| **Endereço da Unidade Escolar:** | | |
| **Diretoria de Ensino:** | | |

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| **1 – Objetivos do Plano:** |

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| **2 – Organização de Atendimento:** |

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| **3 – Atividades a serem desenvolvidas para o atendimento do estudante:** |

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| **4 – Recursos a serem disponibilizados para o atendimento do estudante:** |

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| **5 – Serviços a serem disponibilizados para o atendimento do estudante:** |

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| **6 – Seleção de materiais e equipamentos a serem adquiridos pela unidade escolar, por meio dos recursos do PDDE-Paulista:** |

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| **7 – Profissionais da escola que receberão orientação do professor de AEE sobre serviços e recursos oferecidos ao estudante, em conjunto com o professor do Projeto do Ensino Colaborativo:** |

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| **8 – Registro de planejamento e estratégias que serão adotadas junto aos familiares.** |

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| **9 – Acompanhamento e avaliação dos resultados do Plano de AEE:** |

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**(Assinatura e carimbo do**

**Professor Especializado)**

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**(Assinatura e carimbo do**

**Diretor da Unidade Escolar)**

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**(Assinatura e carimbo da**

**Coordenador(a) Gestão Pedagógica)**