**API - AVALIAÇÃO PEDAGÓGICA INICIAL**

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| **1 – 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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| **2 – Histórico do aluno:** |

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| **2.1 – Informações Coletadas sobre/do Aluno:** |

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| **2.2 – Informações Coletadas sobre/da Escola:** |

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| **2.3 – Informações Coletadas sobre/da Família:** |

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| **3 – Aspectos Pedagógicos:** |

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| **4 – Dos encaminhamentos pedagógicos e indicações de apoios, recursos e serviços na perspectiva inclusiva:** |

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| **IV- Indicação de agrupamentos/aulas semanais dos AEE:** |

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**(Assinatura e carimbo do**

**Diretor da Unidade Escolar)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Assinatura e carimbo do**

**Professor Especializado)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Assinatura e carimbo da**

**Coordenador(a) Gestão Pedagógica)**