**DZIENNIK ZAJĘĆ POZALEKCYJNYCH**

REALIZOWANYCH W RAMACH art. 42 ust. 2 pkt 2 KN

w roku szkolnym 2014/2015

**Rodzaj zajęć:** ZAJĘCIA SPORTOWE ZGS

**Tygodniowa liczba godzin:** 2

**Prowadzący:** Michał Wojewoda

**HARMONOGRAM ZAJĘĆ**

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| **Data:** | **Dzień tygodnia** | **Godz.:** |
| Wrzesień 2014 – Czerwiec 2015 | Wtorek | 15:00 – 17:00 |
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*(Dyrektor szkoły)*

**Program zajęć**

**(cele, zadania, treści)**

**Cele ogólne**

**Cele szczegółowe**

**TREŚCI KSZTAŁCENIA**

**Podpis prowadzącego zajęcia** …………………..…………….

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*(Dyrektor szkoły)*

**Tematyka zajęć**

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| **Data** | **Liczba godz.** | **Liczba uczestników** | **Temat zajęć (treść)** | **Podpis naucz.** |
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**Tematyka zajęć**

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| **Data** | **Liczba godz.** | **Liczba uczestników** | **Temat zajęć (treść)** | **Podpis naucz.** |
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**Rozliczenie realizacji zajęć:**

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| **Liczba godz. zrealizowanych** | **Liczba godz. niezrealizowanych z powodu niezdolności nauczyciela do pracy** | **Podpis prowadzącego** |
| **I półrocze:** | | |
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| **II półrocze:** | | |
|  |  |  |
| **Razem w r. szk. 2013/2014:** | | |
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**……….…………..……………**

*(Dyrektor szkoły)*

**Lista uczestników poszczególnych zajęć**

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| **LP** | **Imię i nazwisko** | **Klasa** | **Data zajęć** | | | | | | | | | | | | | |
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| **1** | Kamil Wrona | 3b |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Daniel Pogoda | 3b |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Sławomir Burek | 3b |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | Grzegorz Duda | 3b |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Michał Miotła | 3a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Karol Wójtowicz | 3a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Rafał Adamczyk | 2a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | Szymon Ciosek | 2a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | Hubert Kuźnicki | 2a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** | Krystian Rak | 2a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** | Jakub Tupaj | 1a |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** | Mikołaj Batyra | 1b |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13** | Karol Dym | 1b |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** | Szymon Kułaga | 1b |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15** | Damian Rogoza | 1b |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **16** | Cezary Plis | 1b |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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***Uwaga:*** *Uczestnictwo ucznia w zajęciach potwierdza się znakiem* ***X****.*

**Lista uczestników poszczególnych zajęć**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **LP** | **Data zajęć** | | | | | | | | | | | | | | | | | | | | | | |
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| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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***Uwaga:*** *Uczestnictwo ucznia w zajęciach potwierdza się znakiem* ***X****.*

**EWALUACJA**

*(ocena przydatności i skuteczności przeprowadzonych zajęć w odniesieniu do założonych celów)*

**Podpis prowadzącego zajęcia ……………………………**

**HOSPITACJE / WIZYTACJE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| l.p. | Data | Temat zajęć | Imię i nazwisko, tytuł służbowy hospitującego / wizytującego | Podpis |
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**NOTATKI**