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| **PARTES DE ASISTENCIA INTERVENCIÓN INDIVIDUAL.**  **Convocatoria de ayudas económicas de selección de operaciones para el refuerzo de la empleabilidad de personas con discapacidad “Psicosocial”.**  **Programa Estatal FSE+ de Inclusión Social 2023-2024.** | | | | | |
| Nº Expediente de la operación: | | | | Entidad beneficiaria: | **INTERVENCION INDIVIDUAL** |
| MES: |  | AÑO |  | Total horas mes: |  |
| **ALUMNA/O:** | |  | | | |
| **TUTORA/OR** | |  | | | |

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| **Día del Mes** | **TUTORIA** | | **Horas Totales Tutoría** | **Intervención (se indica que intervención se ha realizado)** | **FIRMA (participante)** |
| **Hora de entrada** | **Hora de salida** |
| 1 |  |  |  |  |  |
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| 31 |  |  |  |  |  |
|  | **TOTAL HORAS MES** | |  |  |  |

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| **Firma y sello de la entidad Firma del Profesional/ Profesionales** |