**REJILLA-ASIST-PRACTICAPEDAGOGICA**

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| **REJILLA DE ASISTENCIA** | | | | | |
| **NOMBRE** | |  | | | |
| **INSTITUCIÓN** | |  | | | |
| **DOCENTE TITULAR** | |  | | | |
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| **FECHA** | **HORA DE ENTRADA** | | **FIRMA** | **HORA DE SALIDA** | **FIRMA** |
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| **RELACIÓN DE DÍAS SIN INTERVENCIÓN** | | | **RELACIÓN DE DÍAS DE INASISTENCIA** | | | |
| **FECHA** | **MOTIVO** | **FIRMA** | **FECHA** | **MOTIVO** | **INCAPACIDAD/ (Anexo)** | **FIRMA** |
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