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| **ECOLE**  **NOM DE L’ELEVE :** | | | | | | | | | | | | **SUIVI EXTERIEUR (PRECISEZ)** | | | | | **CONCLUSIONS** |
| CLASSE et ANNEE SCOLAIRE | DATES DES REUNIONS | PARTICIPATION À L'APC PRECISEZ LA PERIODE | DIFFERENCIATION EN CLASSE- DANS LE CYCLE | STAGE DE REMISE À NIVEAU (AVRIL, AOUT ?) | PPRE | EQUIPE EDUCATIVE | AMENAGEMENT DU TPS SCOLAIRE | DEMANDE MDPH | AUTRE (A PRECISER) : PAP – PAI EMS-EMR | SIGNALEMENT | POLE RESSOURCE | ORTHOPHONIE | PSYCHOMOTRICITE/ ERGOTHERAPIE | CMPP | SUIVI SOCIAL | AUTRE (A PRECISER) |  | |
| CP | septembre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| CP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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