**REPUBLIQUE DU SENEGAL**

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 **Ministère de l’Education Nationale**

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**INSPECTION D’ACADEMIE DE FATICK**

**CENTRE REGIONAL DE FORMATION DE PERSONNELS DE L’EDUCATION**

**Tel : 339492092 -E-mail :crfpefatick@yahoo.fr**

**DMSG COMPTE RENDU DE  SEANCE D’ANIMATION PEDAGOGIQUE**

**DISCIPLINE** :………………………………………………………………………………………………………………………………….

**CELLULE D’ETABLISSEMENT/ZONALE DE** …………………………………………………………………………………….........

SEANCE N°…….. DATE :…………………………………LIEU………………………………………………………………DUREE :……

NOMBRE DE MEMBRES :……………NOMBRE DE PRESENTS :…………NOMBRE D’ABSENTS ::……………………

(JOINDRE LA FEUILLE DE PRESENCE)

**THEME (S) :**……………………………………………………………………………………………………………………………………

**ORGANISATION DE LA RENCONTRE**

**I-QUESTIONS ABORDEES**

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**III-SOLUTIONS PRECONISEES**

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**V-PROCHAINE RENCONTRE**

DATE…………………………………….LIEU………………………………………………………………………HEURE……………………

THEME(S)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

 Fait à ……………………………………….le………………………………….

LE SECRETAIRE DE SEANCE LE COORDONNATEUR DE LA CELLULE LE CHEF D’ETABLISSEMENT

**REPUBLIQUE DU SENEGAL**

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 **Ministère de l’Education Nationale**

**\*\*\*\*\*\*\***

**INSPECTION D’ACADEMIE DE FATICK**

**CENTRE REGIONAL DE FORMATION DE PERSONNELS DE L’EDUCATION**

**Tel : 339492092 -E-mail :crfpefatick@yahoo.fr**

 **A )**  **A C T I V I T E : V I S I T E D E C L A S S E**

  **DISCIPLINE :………………………………………………**

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| **DATE/ PERIODE** |  **ETABLISSEMENTS** |  **NOMBRE DE PROFESSEURS** |  **TAUX D’ENCADREMENT** |  **OBSERVATION** |
|  **VISITES** |  **TOTAL** |
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  **B )**  **A C T I V I T E : A N I M A T I O N P E D A G O G I Q U E**

  **DISCIPLINE:**

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|  **DATES** |  **LIEUX** |  **THEMES** |  **CIBLES** |  **TAUX****D’ENCADREMENT** | **OBSERVATIONS** |
|  **ENCADRES** |  **TOTAL** |
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 **C )**  **A U T R E S A C T I V I T E S**

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|  **DATE/PERIODE** |  **LIEUX** |  **ACTIVITES / THEMES** |  **CIBLES** |  **OBSERVATIONS** |
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 **D )**  **OUTIL D’EXPLOITATION DE PROGRAMMES D’ACTIVITES**

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| **DATE/PERIODE** |  **ACTIVITES** |  **CIBLES** |  **LIEUX** | **RESPONSABLES/ACTEURS** |  **OBSERVATIONS** |
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  **E ) OUTIL D’EXPOITATION DE COMMANDES NATIONALES / PARTENARIALES**

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| **DATE/PERIODE** |  **ACTIVITES** |  **CIBLES** |  **LIEUX** |  **INITIATEURS** |  **OBSERVATIONS** |
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