|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Agrupamento de Escolas de Estarreja** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **-**  | **PLANO INDIVIDUAL DE TRANSIÇÃO** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nome |  |  | Data de nascimento |  |  | Idade |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Ano |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Escola |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Aspirações, interesses, expetativas e potencialidades** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Aspirações, interesses e expetativas quanto à vida pós-escolar** |
|  |  |  |
|  |  |  |
|  |  | .  |
|  |  |  |
| **Tomada de decisão** |
|  |  |  |
|  |  |  |
|  |  | Dadas as informações recolhidas junto da aluna e da família, a aluna cumprirá o PIT na Biblioteca Municipal. |
|  |  |  |
| **Etapas e ações a desenvolver** |
|  |  |  |
|  |  |  |
|  |  | Formador/ Responsável pela Formação:   |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|  |  | -   |
|  |  |  |
| **Competências a adquirir** |
|  |  |  |
|  | **Académicas** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Pessoais** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Sociais** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Laborais/Ocupacionais** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Experiência em contexto laboral/estágio - Biblioteca Municipal de Estarreja** |
|  |  |  |
|  | **Atividades** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Competências a adquirir** |
|  |  |  |
|  |  |  |
|  |  |  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
|  |  | .  |
|  |  |  |
|  | **Calendarização** |
|  |  |  |
|  |  |  |
|  |  | . |
|  |  |  |
|  | **Responsável pelo acompanhamento** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Monitorização e avaliação do PIT** |
|  |  |  |
|  |  |  |
|  |  |  |

 |
|  |
|

|  |
| --- |
| **Responsáveis pela elaboração do PIT** |
|

|  |  |  |
| --- | --- | --- |
| Nome | Função | Assinatura |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| Data: |  |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **O Encarregado de Educação** |
|  |
| Data: |  | Assinatura: |   |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **O aluno** |
|  |
| Data: |  | Assinatura: |   |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **O Coordenador da Equipa Multidisciplinar de Apoio à Educação Inclusiva** |
|  |
| Data: |  | Assinatura: |   |

 |

