Pielikums Nr.3

Ludzas novada pašvaldības

Pedagoģiski medicīniskās komisijas nolikumam

**Izglītības iestādes informācija par izglītojamo,**

**kurš tiek pieteikts pašvaldības pedagoģiski medicīniskajai komisijai**

Datums \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Izglītojamā vārds, uzvārds | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Personas kods | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Izglītības iestāde | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Klase vai grupa | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Izglītojamā adrese un tālrunis | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1.Izglītojamā spēju raksturojums

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2.Izglītojamā spēju un zināšanu līmeņa atbilstība izglītības programmas prasībām

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3.Veselības problēmas

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4.Uzvedības problēmas

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5.Mācīšanās grūtības

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6.Kādi mācīšanās veidi un cita palīdzība tika piemēroti, cenšoties pārvarēt minētās grūtības

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7.Priekšlikumi komisijas atzinumam

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Klases (grupas) audzinātājs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(paraksts un tā atšifrējums)

Izglītības iestādes vadītājs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(paraksts un tā atšifrējums)

Z.v.