

Poradnia Psychologiczno - Pedagogiczna nr 16

 04 - 393 Warszawa, ul. Siennicka 40

 tel. 22 610 - 21 – 32, 277-14-86

 Warszawa, dn. **........................**

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(Imię i nazwisko wnioskodawcy)

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(telefon) Poradnia Psychologiczno-Pedagogiczna nr 16 ul. Siennicka 40

 04-393 Warszawa

**Wniosek o wydanie (**właściwe zaznaczyć)**:**

* **opinii psychologicznej/pedagogicznej w sprawie***.................................................................................*

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* **informacji o wynikach badań dotyczących***...........................................................................................*

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* **zaświadczenia dotyczącego***...................................................................................................................*

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* **opinii/informacji logopedycznej***...........................................................................................................*

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**Dane specjalisty/diagnosty: *.................................................................................................................***

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(Imię i nazwisko dziecka)

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(Data i miejsce urodzenia, PESEL)

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(Miejsce zamieszkania dziecka)

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(Nazwa i adres przedszkola lub szkoły, klasa)

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(Imiona i nazwiska rodziców/prawnych opiekunów)

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(adres zamieszkania rodziców/prawnych opiekunów)

Opinia jest mi potrzebna:.........................................................................................................................................................

Do wniosku dołączam:*………………………………………………………………………………………………………………………………………………………..*

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*Opinię odbiorę osobiście. Oświadczam, że wniosek składam i podpisuję w imieniu obojga rodziców/prawnych opiekunów.*

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 (podpis wnioskodawcy)