**ODONTOGERIATRIA-CICLO LECTIVO 2016**

**Planilla de seguimiento de alumnos**

FOTO

Apellido y Nombre del Alumno:

Docente a cargo:

Año que cursa:

D.N.I.:

**Evaluaciones Teóricas**

|  |  |  |
| --- | --- | --- |
| Tipo y N° de Evaluación | Fecha | Calificación |
| Seminario n° 1 |  |  |
| Seminario n° 2 |  |  |
| Parcial n° 1 |  |  |

**Práctica Clínica en Facultad:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Práctica Clínica | Fecha | Asistencia   |  |  | | --- | --- | | C/P | S/P | | Paciente | Actividad realizada | Observaciones |
| 1 |  | |  |  | | --- | --- | |  |  | |  |  |  |
| 2 |  | |  |  | | --- | --- | |  |  | |  |  |  |
| 3 |  | |  |  | | --- | --- | |  |  | |  |  |  |
| 4 |  | |  |  | | --- | --- | |  |  | |  |  |  |
| 5 |  | |  |  | | --- | --- | |  |  | |  |  |  |
| 6 |  | |  |  | | --- | --- | |  |  | |  |  |  |
| 7 |  | |  |  | | --- | --- | |  |  | |  |  |  |
| 8 |  | |  |  | | --- | --- | |  |  | |  |  |  |

**Práctica Clínica en Terreno/COAM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Práctica Clínica | Fecha | Asistencia | Paciente | Actividad realizada | Observaciones |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  | |  | | --- | |  | |  |  |  |

**CONCEPTO**:

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Firma del Docente