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| DESARROLLO DE HABILIDADES SOCIOEMOCIONALES | | | | | | | | | | | | | | | | | | **2F** | | | |
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| **DATOS GENERALES** | | | | | | | | | | | | | | | | | | | | | |
| **PLANTEL** |  | | | | | **ZONA** | | |  | | **SEMSTRE** | | | | | |  | | | | |
| **MUNICIPIO/ LOCALIDAD** | | | **DIMENSIONES TRABAJADAS** | | | | | | | | **FECHA EN QUE REPORTA** | | | | | | | | | | |
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| **HABILIDAD SOCIOEMOCIONAL** | | **NÚMERO DE LECCIONES IMPARTIDAS** | | **MATERIAL DE TRABAJO/ ACTIVIDAD/ ESTRATEGIA A UTILIZAR** | | | **PARTICIPANTES** | | | | | | | | | | | | | | **MES**  (QUE SE REALIZÓ LA ACTIVIDAD) |
| **NO. DE ALUMNOS** | | | | **NO. DE DOCENTES** | | | **NO. DE DIRECTIVOS, PERSONAL ADMINISTRATIVO** | | | **NO. PADRES DE FAMILIA** | | | |
| **H** | **M** | **TOTAL** | **GRUPO** | **H** | **M** | **TOTAL** | **H** | **M** | **TOTAL** | **H** | | **M** | **TOTAL** |
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| **NOMBRE Y FIRMA DEL PERSONAL REPRESENTANTE DEL PLANTEL** | | | | | | | | | | | | | | | | | | | | | |
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| **SUBDIRECTOR/A ACADÉMICO/A** | | | | | **NOMBRE Y FIRMA DEL TUTOR/A** | | | | | | | | | | **SELLO DEL PLANTEL** | | | | | | |

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| **BREVE RESEÑA DE LAS ACCIONES REALIZADAS** |
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| **EVIDENCIAS FOTOGRÁFICAS** | |
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