SITUATION ELEVE 2016-2017

IDENTIFICATION

|  |  |  |  |
| --- | --- | --- | --- |
| NOM et PRENOM | Date de naissance | ETABLISSEMENT | Classe |
| ***XXXXXXXXXXX*** | ***04 02 2004*** | ***Collège E. ZOLA*** | ***6me*** |
| ADRESSE MERE | ADRESSE PERE | TELEPHONE MERE | TELEPHONE PERE |
| *Mme SALLE Rue Raspail Imm Gascogne Apt 145 76300 SOTTEVILLE LES ROUEN*  |  | *06 16 03 54 13 / 02 76 08 61 53*  |  |

MDPH

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ETAT DU DOSSIER | NUMERO DE DOSSIER | DEMANDE FAMILLE | DATE DEPOT MDPH | ORIENTATION MDPH |
|  | ***1000328*** |  |  | ***IME/AVS+SESSAD PB en attente de place IME***  |

ESS

|  |  |  |  |
| --- | --- | --- | --- |
| DATE DERNIERE ESS | NATURE ESS à PREVOIR | PERIODE ENVISAGEE | DATE ET OBSERVATIONS |
|  |  |  |  |

PPS

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| **AIDE HUMAINE** |
| NATURE AIDE HUMAINE | QUOTITE HORAIRE | CDAPH | Fin Notification | Remarques |
| *TP/TP* |  | *6/9/2016* |  |  |
|  **DECISION SCOLARITE** |
| ORIENTATION | Etablissements | CDAPH | Fin de notification | Remarques |
| *IME* |  | *3/19/2015* | *2/28/2019* |  |
|  |  |  |  |  |
| **SESSAD** |
| CDAPH | Fin de notification | Etablissements notifiés | SESSAD ACTIF | Remarque |
|  |  |  |  |  |
| **MPA** |
| CDAPH | Date attribution | Matériel | Fin de notification | Remarques |
|  |  |  |  |  |

SOINS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Psychologue | Médecin | AS  | Centre de soins | Remarques |
| *C. NAITALI* |  |  | *SESSAD Papillons Blancs*  |  |

CONTACTS DIVERS

|  |  |  |
| --- | --- | --- |
| DATE | INTERLOCUTEUR | Demande et réponse apportée |
|  |  |  |