**ZAŁĄCZNIK 8**

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Pieczątka instytucji

**SCENARIUSZ SAMODZIELNIE PROWADZONYCH ZAJĘĆ**

**Przedmiot (forma zajęć):** …………………………………………………………………………………………………...

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**Klasa (grupa wiekowa):** …………………………………………………………………………………………………...

**Typ placówki:** …………………………………………………………………………………………………...

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**Dział programowy:**

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**Temat zajęć:** …………………………………………………………………………………………………...…………………………………………………………………………………………………...

**Planowany czas zajęć:**

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**Cele ogólne:**

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**Metody pracy:**

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**Formy organizacyjne:**

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**Środki dydaktyczne:**

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**PRZEBIEG ZAJĘĆ**

(w punktach zadania przewidziane do realizacji w ramach danych zajęć z uwzględnieniem wprowadzenia i podsumowania)

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podpis opiekuna praktyk podpis prowadzącego (student)