**AL DIRIGENTE SCOLASTICO**

**dell’I. C. “Colozza Bonfiglio”**

**Palermo**

**OGGETTO: Domanda di partecipazione alla selezione per il conferimento dell’incarico di**

**Funzione Strumentale al Piano dell’Offerta Formativa A.S. 2019-2020**

Il/la sottoscritto/a, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nato/a il\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provincia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Docente a tempo determinato / indeterminato di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHIEDE**

di partecipare alla selezione per il seguente incarico di Funzione Strumentale al P.T.O.F.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Area 1  **Gestione del Piano dell’Offerta Formativa triennale** |  | 5 | Area 5  **Disabilita inclusione**  **Raccordo unitario di azioni in verticale per i tre ordini di scuola** |
| 2 | Area 2  **Supporto ai docenti**  **Moderne tecnologie**  **Plesso Colozza**  **Plesso Scipione**  **Plesso Bonfiglio** |  |
| 3 | Area 3  **Continuità**  **Plesso Colozza Scipione**  **Orientamento**  **Plesso Bonfiglio** |  |  |  |
| 4 | **Area 4**  **Dispersione**  **Plesso Colozza**  **Plesso Scipione**  **Plesso Bonfiglio** |  |  |  |

A tal fine, ai sensi degli artt. 46 e 47 del D.P.R. 28/12/2000, n. 455 e consapevole che le dichiarazioni mendaci sono punite ai sensi degli artt. 483, 495, 496 del Codice Penale e delle leggi speciali in materia

**DICHIARA**

1. di essere disponibile a frequentare specifiche iniziative di formazione in servizio impegnandosi a partecipare a tutte le riunioni di Staff.
2. Di essere disponibile a destinare almeno un’ora settimanale al rapporto con i colleghi per offrire i supporti specifici dell’area;

**C) di possedere i seguenti titoli:**

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**C.1) Titoli culturali e/o professionali**

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**C.2) Titoli e/o competenze specifiche**

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**C.3 Frequenza corsi di aggiornamento negli ultimi cinque anni[[1]](#footnote-1)**

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**D) di aver svolto i seguenti incarichi di supporto all’organizzazione scolastica negli ultimi cinque anni[[2]](#footnote-2):**

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**E) di avere svolto i seguenti incarichi di tipo pedagogico didattico attribuiti da soggetti esterni**

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**F) Di formulare la seguente sintetica e concreta proposta di gestione della Funzione richiesta:**

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Luogo e data

Palermo \_\_\_/\_\_\_/\_\_\_\_\_\_ Firma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *specificare anno* [↑](#footnote-ref-1)
2. *specificare anno* [↑](#footnote-ref-2)