Załącznik nr 8 do Umowy

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| **EWIDENCJA ZREALIZOWANYCH GODZIN PORAD PSYCHOLOGICZNYCH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMER UMOWY  I DATA ZAWARCIA | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko  specjalisty psychologa | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miesiąc i rok | | LICZBA GODZIN PORAD PSYCHOLOGICZNYCH W DNIACH MIESIĄCA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Suma | |
|  | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  | |
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Data i podpis specjalisty psychologa

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