**Planificación de capacitación formativa dirigida a NNA y personal de atención del hogar**

**NOMBRRE DEL HOGAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Tema** | **Objetivo** | **Responsable** | **Ene** | **Feb** | **Mar** | **Ab** | **May** | **Jun** | **Jul** | **Agos** | **Sep** | **Oct** | **Nov** | **Dic** | **Evaluación** | **Medio de verificación** |
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**Observación:**

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Profesional en Trabajo Social Director (a) o Representante Legal

Colegiado

**PLANIFICACIÓN DE CAPACITACIÓN Y FORMACIÓN A LOS NIÑOS, NIÑAS Y ADOLESCENTES**

**NOMBRE DEL HOGAR**

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| **Tema** | **Objetivo** | **Responsable** | **Ene** | **Feb** | **Mar** | **Ab** | **May** | **Jun** | **Jul** | **Agos** | **Sep** | **Oct** | **Nov** | **Dic** | **Evaluación** | **Medio de verificación** |
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**Observación:**

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