**Характеристика учебной и профессиональной деятельности обучающегося во время учебной практики** *(дополнительно используются произвольные критерии по выбору ДОУ*

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Оценка\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Дата «\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2024г. Подпись руководителя практики \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ФИО, должность

Подпись ответственного лица базы практики\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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