



Etablissement:

Année/période:

CAHIER DE BORD

CPE



Appartenant à:

CONTACTS

Nom/fonction:

ADRESSE	
TELEPHONE	
MAIL	

Nom/fonction:

ADRESSE	
TELEPHONE	
MAIL	

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TELEPHONE	
MAIL	

INFORMATIONS ÉTABLISSEMENT

Direction et administration:

Chef d'établissement: _____

Adjoint: _____

Secrétaire de direction _____

Secrétaire des élèves _____

Intendant/gestionnaire _____

Secrétaire d'intendance _____

Personnel médico-social:

Psy-EN _____

Assistante sociale _____

Infirmier(e) _____

Référents:

Numérique _____

Décrochage scolaire _____

Egalité _____

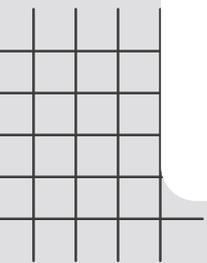
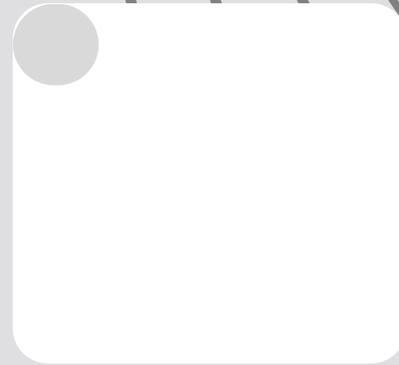
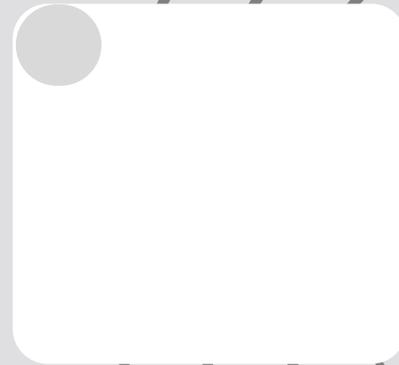
INFORMATIONS ÉTABLISSEMENT

Mois de

Lundi

Mardi

Mercredi



NOTES



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Info du jour:

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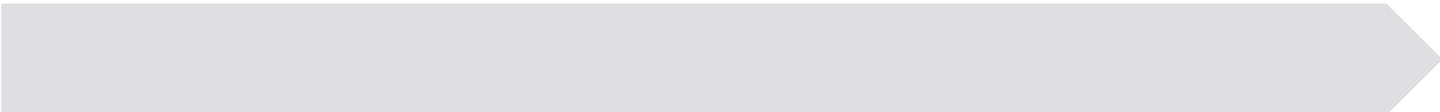
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