**TARJETA**

**DE CONTROL Y EVALUACIÓN DE ESTANCIA**

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| **DATOS DE IDENTIFICACIÓN****Nombre del alumno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. \_\_\_\_\_\_\_\_****ESTANCIA EN: PROPEDÉUTICA Brigada: \_\_\_\_\_\_\_\_\_\_\_****FECHA DE INIC. ESTANCIA: DÍA: \_\_\_\_\_ MES: \_\_\_\_\_\_\_\_ AÑO: \_\_\_\_\_\_\_\_\_\_****NOMBRE DEL DOCENTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA: \_\_\_\_\_\_\_\_\_\_\_\_****ISCM. DE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACULTAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **EVALUACIÓN DE LA ESTANCIA****CALIFICACIÓN FINAL**

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 **EXAMEN FINAL: TEÓRICO**  **PRÁCTICO** **PRUEBA INTRAESTANCIA**  |
| **OBJETIVOS EDUCATIVOS-CALIFICACIONES**

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| **PUNTUALIDAD** |  | **PRESENCIA FÍSICA Y PORTE PERSONAL** |  | **RESPONSABILID. ANTE LAS TAREAS** |  |
| **RELAC.ALUMNO-PACIENTE** |  | **RELAC. DENTRO DEL COLECTIVO** |  | **CONDUCTA ÉTICA** |  |

 | **CALIFICACIONES** **GLOBALES**

|  |  |
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| **OBJETIVOS EDUCATIVOS** |  |

 |
| **CLASES**

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|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** |
| **CONF** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SEM** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PRAC** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 | **CLASES**

|  |  |
| --- | --- |
| **CONFERENCIAS** |  |
| **SEMINARIOS** |  |
| **PRACTICAS** |  |

 |
| **EDUCACIÓN EN EL TRABAJO**

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|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** |
| **D.D** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GUARD** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C.EXT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 | **EDUCACIÓN EN EL TRABAJO**

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| **DISCUSIÓN DIAGNÓSTICA** |  |
| **GUARDIAS** |  |
| **ATENCIÓN AMBULATORIA** |  |
| **PASE VISITA Y EVOLUCIONES** |  |

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