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*(izglītības iestādes nosaukums*)

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*(datums) (dokumenta reģ.Nr.)*

**Informācija par izglītojamo,**

**kurš tiek pieteikts Gulbenes novada pašvaldības pedagoģiski medicīniskajai komisijai**

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| **Izglītojamā vārds un uzvārds** |  |
| **Personas kods** |  |
| **Klase vai grupa** |  |
| **Izglītības programma** |  |
| **No kura laika apmeklē iestādi** |  |

**1. Izglītojamā stiprās puses, intereses**

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**2. Izglītojamā grūtības mācību procesā**

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* **Lasītprasme**

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* **Rakstītprasme**

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* **Matemātiskās spējas**

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**3.Novērojumi par bērna veselību izglītības iestādē**

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**4.Uzvedība, problēmas**

* **Izglītības iestādē**

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* **Ārpus izglītības iestādes**

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**5. Izglītības programmas apguves vērtējums**

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**6. Izglītības iestādes sniegtie atbalsta pasākumi grūtību pārvarēšanā**

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**7. Priekšlikumi komisijas atzinumam**

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| Klases (grupas) audzinātājs |  |
|  | *(paraksts, atšifrējums)* |
| Izglītības iestādes vadītājs |  |
|  | *(paraksts, atšifrējums)* |
| Speciālais pedagogs/atbalsta komandas speciālists |  |

*(paraksts, atšifrējums)*