**Relatório Anual**

 **Bolsa de promoção de acessibilidade estudantil na UFSC**

**Unidade acadêmica ou administrativa:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**1. Descrição do Projeto de Promoção de Acessibilidade Educacional**

1. Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Setor do Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Número de Bolsas Solicitadas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Curso(s) de Origem dos Estagiários: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Turma ou curso de graduação do(s) estudante(s) com deficiência: \_\_\_\_\_\_\_\_\_

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1. Nome(s) do(s) estudante(s) com deficiência:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Condição do(s) estudante(s) com deficiência: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2. Descrição das atividades realizadas no estágio**

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**3. Avaliação das atividades de estágio**

1. Houve mudanças nas atividades realizadas no decorrer do semestre letivo? Exemplifique e justifique.

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1. Houve ou há a necessidade de que o estagiário seja de outra graduação? Explique.

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1. Descreva a contribuição do estagiário para a promoção da acessibilidade educacional.

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1. Descreva as contribuições do estágio para o estudante bolsista com relação a sua formação acadêmica.

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1. Houve troca/desligamento de estagiário durante o semestre? Justifique

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1. Há a necessidade de permanência do estagiário neste projeto? Justifique

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**4. Avaliação do projeto**

1. As barreiras (físicas, metodológicas, comunicacionais, linguísticas, informacionais e atitudinais) foram removidas ou reduzidas com o apoio dos estagiários?

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1. Que outras ações, concomitantes a presença do estagiário, foram realizadas para a remoção ou redução das barreiras enfrentadas pelos estudantes com deficiência atendidos por este projeto?

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1. Houve avanços no processo de ensino aprendizagem e desenvolvimento da autonomia dos estudantes com deficiência atendidos por este projeto? Descreva.

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1. Que outras ações podem/devem ser realizadas para tornar o espaço da escola/universidade acessível aos estudantes com deficiência atendidos no projeto.

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Data: \_\_\_/\_\_\_/\_\_\_

Supervisor local: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_