**УТВЕРЖДАЮ**

**Директор государственного**

**учреждения образования**

**«Средняя школа № 3 г. Орши**

**имени В.С. Короткевича»**

**\_\_\_\_\_\_\_\_\_И.С. Пармон**

**«\_\_\_»\_\_\_\_\_\_\_\_\_\_\_ 2022г.**

Акт

обследования условий жизни и воспитания ребенка (детей),

признанного находящимся в социально опасном положении

Дата обследования: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ФИО ребенка (детей): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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На момент посещения установлено: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(кто находится дома; в каком состоянии находятся и чем занимаются членысемьи и другие присутствующие лица; кто осуществляет непосредственныйприсмотр за ребенком (детьми) в период его (их) нахождения дома; выполняются ли родителями рекомендации медицинских работников по уходу за ребенком(детьми), лечению (в соответствии с состоянием здоровья ребенка) (со словродителей), другая важная информация)*

Выполнение родителями предыдущих рекомендаций: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Изменения в семье с момента последнего посещения: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(изменения в составе семьи, приобретение новой мебели, проведение ремонтных работ, другая важная информация)*

Рекомендации членов комиссии:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Выводы: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Члены комиссии:

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*(подпись) (инициалы, фамилия)*

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*(подпись) (инициалы, фамилия)*

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*(подпись) (инициалы, фамилия)*

С актом ознакомлены:

(дата)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(подпись, ФИО законных представителей)*

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*(подпись, ФИО законных представителей)*