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| № п/п | Ф,И обучающегося | Дата обследования | Нарушение зв/пр | Грамматич. Строй речи | Связная речь | Фонемат. слух | Логопедическое заключение | Примечание |
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**Список обучающихся, имеющих нарушения в устной речи 1 класса**

Учитель-логопед:\_\_\_\_\_\_\_\_\_\_\_\_Бауэр Г.С.

**Работа с родителями учителя-логопеда (родительские собрания)**

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| №п/п | Дата проведения | Тема  | Цель  | Примечания  |
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**Работа с родителями учителя-логопеда (консультации)**

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| №п/п | Ф,И,О родителей | Содержание  | Цель  | Результат  |
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