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| **CICLO FORMATIVO** |  | **CURSO ESCOLAR** |  | **Nº HORAS F.C.T.** |  |
| **DEPARTAMENTO** |  | | **FECHA REALIZACIÓN F.C.T.** | |  |

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| **TUTOR/A F.C.T.** | **ALUMNO/A** | **Nº DE VISITAS/ CONTACTOS** | | | | | | **TOTAL VISIT/CONT** | |
|  |  | **1ª** | **2ª** | **3ª** | **4ª** | **5ª** | **6ª** |  | |
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| **TOTAL TUTORES/AS** |  |
| **TOTAL ALUMNOS/AS** |  |
| **Nº MEDIO VISITAS/ALUMNO/A** |  |