

**แบบประเมินการจัดกิจกรรมพัฒนาผู้เรียน**

**ภาคเรียนที่......1.......ปีการศึกษา.......2559...............**

**โรงเรียนลาดยาววิทยาคม**

**กิจกรรม............................................................................**

**ชั้นมัธยมศึกษาปีที่..........................**

**ครูที่ปรึกษากิจกรรม 1............................................................................................**

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**ผลการเรียนรู้**

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**สรุปผลการเรียน**

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อนุมัติผลการเรียน

ลงชื่อ.......................................................ครูที่ปรึกษากิจกรรม

ลงชื่อ.......................................................หัวหน้ากิจกรรมพัฒนาผู้เรียน

ลงชื่อ.......................................................หัวหน้างานวัดผล

เพื่อโปรดพิจารณา

ลงชื่อ.......................................................รองผู้อำนวยการกลุ่มบริหารวิชาการ

(นางสุวิมล สีคง)

( ) อนุมัติ ( ) ไม่อนุมัติ

ลงชื่อ........................................................

(นายอรุณ รุ่งเรือง)

ผู้อำนวยการโรงเรียนลาดยาววิทยาคม



ตารางการจัดกิจกรรม.............................................................................................

ภาคเรียนที่.............ปีการศึกษา...........................

สถานที่จัดกิจกรรม......................................................................................

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| **สัปดาห์ที่** | **วัน/เดือน/ปี** | **รายการปฏิบัติ/กิจกรรมการเรียนการสอน** | **ลงชื่อครูที่ปรึกษากิจกรรม** | **หมายเหตุ** |
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**แบบประเมินการจัดกิจกรรม................................................................................**

**ภาคเรียนที่........ปีการศึกษา.............................**

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| ที่ | เลขประจำตัว | ชื่อ-สกุล | สัปดาห์ที่ | | | | | | | | | | | | | | | | | | | | รวมเวลาเรียน | ผลการเรียนรู้ | | | | | ผลการประเมิน | หมายเหตุ |
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ลงชื่อ.......................................................ครูที่ปรึกษากิจกรรม ลงชื่อ.......................................................ครูที่ปรึกษากิจกรรม

ลงชื่อ.......................................................ครูที่ปรึกษากิจกรรม ลงชื่อ.......................................................ครูที่ปรึกษากิจกรรม



**แบบประเมินการจัดกิจกรรม................................................................................**

**ภาคเรียนที่........ปีการศึกษา.............................**

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ลงชื่อ.......................................................ครูที่ปรึกษากิจกรรม ลงชื่อ.......................................................ครูที่ปรึกษากิจกรรม

ลงชื่อ.......................................................ครูที่ปรึกษากิจกรรม ลงชื่อ.......................................................ครูที่ปรึกษากิจกรรม