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| **Заявление на создание условий для прохождения ГИА-9 с учетом состояния здоровья** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Я,** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |

*фамилия*

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*имя*

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*отчество*

**Документ, удостоверяющий личность** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Серия** |  |  |  |  | **Номер** |  |  |  |  |  |  |  |  |  |  |

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| **Пол**: |  | Мужской |  | женский |

Прошу создать условия для сдачи ГИА-9 в форме \_\_\_\_\_\_\_\_\_\_\_\_\_\_с учетом особенностей психофизического развития, индивидуальных возможностей и состояния здоровья:

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|  | увеличить продолжительность выполнения экзаменационной работы на 1,5 часа |
|  | обеспечить отдельную аудиторию |
|  | организовать экзамен на дому |
|  | обеспечить помощь ассистента для \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | обеспечить наличие необходимых технических средств\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | организовать питание |
|  | организовать перерывы для проведения необходимых медицинских процедур |
|  | провести экзамен в устной форме (только для ГВЭ) |

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к заявлению прилагаю

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| Справку об установлении инвалидности |  | Рекомендации ПМПК |  |

Подпись заявителя \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Ф.И.О.)

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| Контактный телефон |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Подпись родителей (законных представителей) о согласии

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ФИО)