**FORMULARIO DE SOLICITUD INDIVIDUAL**

**PROYECTOS PARA LA INCLUSIÓN SOCIAL DE PERSONAS CON DISCAPACIDAD**

**ÁREA EDUCACIÓN – PLAN DE CONTINUIDAD**

**SENADIS 2016**

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| **ANTECEDENTES PERSONALES** | | | | | | | | | | | | | | | | | | | | | |
| **Completar cada campo solicitado** | | | | | | | | | | | | | | | | | | | | | |
| **N° C. Identidad** | | | **Apellido Paterno** | | | | | | | | **Apellido Materno** | | | | | | | | | | |
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| **Nombres** | | | | | | | **F. Nacimiento** | | | | | | | | **Edad** | | | | | | |
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| **Sexo** | | **Est. Civil** | | **E-mail** | | | | | | | | | | | | **Teléfono** | | | | | |
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| **Domicilio** | | | | | | **Comuna/ Región** | | | | | | | **Localidad** | | | | | | | | |
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| **Marque con una X según corresponda** | | | | | | | | | | | | | | | | | | | | | |
| **Origen de Discapacidad** | | | | | **Grado de Discapacidad** | | | | | | | | | | | | | **R.N.D** | | | |
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| **Completar cada campo solicitado** | | | | | | | | | | | | | | | | | | | | | |
| **Ingreso Familiar** | | | | | **Promedio Notas** | | | | | **N° Asignaturas que está cursando** | | | | | | | | | | | |
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| **Etnia (Marque con una X si corresponde)** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |  | Pueblo Kawésqar |  |  | Pueblo Atacameño |  |  | Pueblo Aymara | |  |  |  |  |  |  |  |  | |  | Pueblo Diaguita |  |  | Pueblo Mapuche |  |  | Pueblo Quechua | |  |  |  |  |  |  |  |  | |  | Pueblo Kolla |  |  | Pueblo Rapa nui |  |  | Pueblo Yagán | |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | |
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| **Nro. De asignaturas que cursará el primer semestre del año 2016** | | | | | | | | | | | | | | | | | | | | | |
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| **Institución Educación Superior** | | | | | | | | | | | | | | | | | | | | | |
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| **Completar cada campo solicitado** | | | | | | | | | | | | | | | | | | | | | |
| **Nombre Institución donde cursará sus estudios** | | | | | | | | | | | | | | | | | | | | | |
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| **Carrera que cursará el 2016** | | | | | | | | | | | | | | | | | | | | | |
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| **Región donde cursará sus estudios durante el 2016** | | | | | | | | | | | | | | | | | | | | | |
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| **Cuál fue su última carrera o plan de estudio cursado (año 2015 o anterior)** | | | | | | | | | | | | | | | | | | | | **Año** | |
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| **Total de Asignaturas del plan de estudios del último año cursado** | | | | | | | | **Total de asignaturas del plan de estudios aprobadas del último año cursado** | | | | | | | | | | | | | |
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| **FUNDAMENTACIÓN DE LA CONTINUIDAD DE RECURSOS** | | | | | | | | | | | | | | | | | | | | | |
| **1. Describa las dificultades con las que actualmente se encuentra, para acceder a cursar estudios en la educación superior.** | | | | | | | | | | | | | | | | | | | | | |
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| **2. Detalle cómo podrían mejorar o resolverse las dificultades antes mencionadas, con la entrega de los recursos solicitados** | | | | | | | | | | | | | | | | | | | | | |
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| **3. ¿Requiere de otros apoyos o condiciones (ej: familia, institución educativa, situación socioeconómica, etc.) para tener un proceso real de educación inclusiva?, si su respuesta es Sí, detalle cuáles son.** | | | | | | | | | | | | | | | | | | | | | |
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| **4. Señale cuáles son sus compromisos personales para que el elemento de apoyo adicional contribuya a su inclusión educativa, señale además con qué recursos materiales o de otro tipo cuenta para complementar y proyectar sus estudios. En caso de estar en conocimiento, agregue información acerca de recursos con los que aporta la institución educativa.** | | | | | | | | | | | | | | | | | | | | | |
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| **5. Es importante que la comunidad educativa donde cursará estudios durante el año 2016, tenga conocimiento de conceptos como: Inclusión, Discapacidad, Apoyos Adicionales, Programas Senadis, Becas MINEDUC, Discapacidad, etc. Dado lo anterior proponga una actividad de difusión en su centro de estudios para el 2016.** | | | | | | | | | | | | | | | | | | | | | |
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| **DETALLE DE LOS RECURSOS SOLICITADOS** | | | | | | | | | | | | | | | | | | | | | |
| **RECURSOS SERVICIOS DE APOYO** | | | | | | | | | | | | | | | | | | | | | |
| **Recurso (Descripción)** | | | | | | | | | **Cantidad**  **(unid./horas)** | | | **Costo**  **Unitario** | | | | | | | **Costo Total** | | |
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| **DOCUMENTOS QUE ADJUNTA A ESTE FORMULARIO DE SOLICITUD** | | | | | | | | | | | | | | | | | | | | | |
| 1. Certificado Rendimiento Académico | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | SI |  | NO | | | | | |
| 2. Documento que acredite cuenta bancaria | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | SI |  | NO | | | | | |
| 3. Ficha Recomendación de Servicios de Apoyo (según corresponda) | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | SI |  | NO | | | | | |
| 3.1 Recomendación Institucional | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | SI |  | NO | | | | | |
| 3.2 Recomendación del estudiante u otra persona natural con copia de contrato de trabajo | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | SI |  | NO | | | | | |
| 4. Cotización de Servicio de Apoyo (Anexo N° 6) | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | SI |  | NO | | | | | |
| 5. Copia autorizada ante notario de licencia de conducir (sólo en el caso de servicios de traslado) | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | SI |  | NO | | | | | |
| 6. Documentación que acredita que un familia traslada al estudiante | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | SI |  | NO | | | | | |
| 7. Fotocopia credencial de discapacidad o de resolución de discapacidad emitida por COMPIN | | | | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | SI |  | NO | | | | | |
| 8. Otros especificar: | | | | | | | | | | | | | | | | | | | | | |