

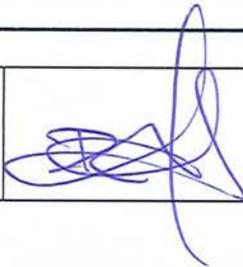
INFORME DE ACTIVIDADES MENSUAL DE PROFESOR DE TALLER
PROGRAMA TALLERES RECREATIVOS Y DE DESARROLLO

| | |
|-----|-------|
| Mes | JULIO |
|-----|-------|

| | | | |
|--------|----------------|----------------------|--------------------|
| Nombre | ARAYA SOTO RUY | | |
| RUT | [REDACTED] | Período del Contrato | 01/05 - 30/11 2025 |

| ID | Nombre Taller | Horario 1 | Horario 2 | Lugar de Ejecución | Asistentes |
|-----|---------------|--------------------|-----------|--------------------|------------|
| T.1 | INGLES BASICO | VIE 17:00-19:00 | --- | [REDACTED] | 8 |
| T.2 | -- | --- | --- | --- | |
| T.3 | -- | --- | --- | --- | |
| T.4 | -- | --- | --- | --- | |
| T.5 | -- | --- | --- | --- | |

| ID | Descripción de Actividades (Ver ID del Taller) |
|-----|--|
| T.1 | REVISIÓN DE ANGLICISMOS, FALSOS COGNADOS Y MODISMOS EN INGLÉS Y ESPAÑOL. |
| T.2 | |
| T.3 | |
| T.4 | |
| T.5 | |

| | |
|----------------------------------|---|
| Firma prestador de los servicios |  |
|----------------------------------|---|

MEDIOS DE VERIFICACIÓN:

Se debe especificar el taller correspondiente al medio de verificación.



| PLANILLA DE CONTROL DE ASISTENCIA | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|---------------------------------|--|---|--|-------------------------|--|--|--|
| NOMBRE DEL TALLER INGLÉS | | LUGAR DE EJECUCIÓN CENTRO COMUNITARIO DIAGUITAS | | | | FECHA DE INICIO 21/03 | | DEPARTAMENTO DISCAPACIDAD | | INSCRIPCIÓN MINIMA 8 | | | |
| NOMBRE DEL PROFESOR RUY ARAYA SOTO | | DÍAS Y HORARIOS DE EJECUCIÓN VIERNES DE 17:00 A 19:00 | | | | FECHA DE TERMINO 28/11 /2025 | | PROGRAMA PROGRAMA TALLERES RECREATIVOS Y DE DESARROLLO | | | | | |

| N° | NOMBRE DEL BENEFICIARIO | MES | julio | | | | | | | | | | | | ADULTO MAYOR (n / no) | CERTIFICADO MEDICO | |
|----|------------------------------------|-----------|-------|-------|----------|-------|---|---|---|---|---|----|----|----|-----------------------|--------------------|--|
| | | SESIONES | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | |
| | | F E C H A | 27/06 | 04/07 | 11/07 | 18/07 | | | | | | | | | | | |
| 1 | ARDILES TAPIA JAVIERA ANDREA | | 1 | 1 | Suspende | 1 | | | | | | | | | | | |
| 2 | CANALS MARQUEZ CRISTIAN | | 1 | 1 | Suspende | 1 | | | | | | | | | | | |
| 3 | ESPINOZA REYES MARCELA FRANCISCA | | 1 | 1 | Suspende | 1 | | | | | | | | | | | |
| 4 | FLORIN TAPIA RODRIGO ANTONIO | | 1 | 1 | Suspende | 1 | | | | | | | | | | | |
| 5 | HURTADO CASTRO MARIA CONSUELO | | 1 | 1 | Suspende | 1 | | | | | | | | | | | |
| 6 | IBARRA ARAYA CHRISTIAN ANDRES | | 1 | 1 | Suspende | 1 | | | | | | | | | | | |
| 7 | ROMERO ROMANO DAVID ROBERTO | | 1 | 1 | Suspende | 1 | | | | | | | | | | | |
| 8 | SHARPE YACOMETTI ORNELLA | | 0 | 1 | Suspende | 0 | | | | | | | | | | | |
| 9 | NICHIPORUK RODRIGUEZ NAIARA ANDREA | | 0 | 0 | Suspende | 0 | | | | | | | | | | | |
| 10 | NAVARRETE CISTERNAS MATIAS FELIPE | | 0 | 0 | Suspende | 0 | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | |
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| 21 | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | |
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| 30 | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | |

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| ASISTENCIA POR SESIÓN | 7 | 8 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22 5,5 |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|

OBSERVACIONES