**FEDERAL UNIVERSITY OF SÃO CARLOS**

**BIOLOGICAL AND HEALTH SCIENCES CENTER**

**POSTGRADUATE PROGRAM IN PHYSICAL THERAPY**

Line of Research: Physical Therapy and Functional Performance

Washington Luís, Highway Km 235 - CEP. 13 .565-905 - SÃO CARLOS – SP

Phone: (16) 3351-8448. *E-mail*: ppgft@ufscar.br

**ACTIVITY REPORT**

**TEACHER TRAINING IN PHYSICAL THERAPY**

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| 1) Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) Academic level ( ) Master’s ( ) Doctorate  3) Name of the Undergraduate course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4) Faculty member responsible for the Undergraduate course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5) Offering period: from \_\_\_\_/\_\_\_\_/20\_\_\_ to \_\_\_\_/\_\_\_\_/20\_\_\_  6) Weekly course workload: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

7) Description of activities performed and respective workload (classes, extracurricular activities, learning assessment, etc.):

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8) Evaluation of the impact of your participation in the course on improving undergraduate students’ learning and suggestions (if any) to improve the course:

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| 9) Critical evaluation of your participation in the different activities, including those related to events aimed at discussing topics related to the teaching and learning process: |

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| 10) Suggestions for improving the *Teacher Training in Physical Therapy* course: |

São Carlos, .... ...................... 20......

Name: ............................................................. Signature: ……………………………..

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11) Report of the faculty member responsible for the Undergraduate course:

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12) Suggested grade (assessment): ............................. % Attendance:……………………………..

São Carlos, \_\_\_\_ \_\_\_\_\_\_\_\_\_ 20\_\_

Name:........................................................ Signature: ………………………………..

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| 13) Acknowledgment of the student’s advisor at the PPGFT:  São Carlos, \_\_\_\_ \_\_\_\_\_\_\_\_\_ 20\_\_  Name: ............................................................. Signature:..................................................... |

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| 14) Report of the faculty member responsible for the *Teacher Training* course at PPGFT:  Final Grade (Assessment): ...........................  São Carlos, \_\_\_\_ \_\_\_\_\_\_\_\_\_ 20\_\_  Name: ............................................................... Signature:..................................  *(only electronic signatures validated by the Federal Government ITI service)* |