**Diagnoza potrzeb uczestnika**

**METRYCZKA**

|  |  |
| --- | --- |
| 1. Imię (Imiona):
 |  |
| 1. Nazwisko:
 |  |
| 1. **MOCNE STRONY UCZESTNIKA**

**…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………**1. **DEFICYTY UCZESTNIKA W KONTEKŚCIE PODJĘCIA DZIAŁALNOŚCI GOSPODARCZEJ (ANALIZA W KONTEKŚCIE KOMPETENCJI I KWALIFIKACJI)**

**…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………**1. **OBSZARY WYMAGAJĄCE WSPARCIA**

**…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………**1. **DZIAŁANIA PLANOWANE DO SAMODZIELNEJ REALIZACJI**

**…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………**1. **PLAN DALSZEGO DZIAŁANIA WRAZ Z MOŻLIWYMI TERMIAMI**

**…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………****…………………………………………………………………………………………………………….......……****…………………………………………………………………………………………………………….......…………………………………………………** ............................................ .......................................... *data/podpis Uczestnika/czki data/podpis prowadzącej*  |  |