**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* | | |  | |