**-AKRAN DANIŞMANLIĞI ONLİNE/YÜZYÜZE GÖRÜŞME FORMU -**

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| Tanışma Etkinliği Tarih / Saat / Süre / Yer: |  |
| Öğrencilere Nasıl Ulaştınız? (e-posta, tel.,sınıf ziyareti vb.) |  |
| Etkinliğe Katılacağını Bildirenler: |  |
| Etkinliğe Katılanlar: |  |
| Mazeret Bildirmeden Katılmayanlar: |  |
| **Görüşme Notları:**1. Etkinliğin genel akışını kısaca yazın. Neler yaptınız? Akran danışmanlığı konusunda ne düşünüyorlar? İstekliler mi?

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Akran Danışman Adı Soyadı: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ İmza: