附件4

丹东市残疾儿童康复救助定点服务机构训练记录单

（ 年 月）

儿童姓名： 性别： 出生日期： 残联

机构名称：

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| 日期及训练  时间 | 训练内容 | | | | | | | 家长签字 | 教师或治疗师签字 |
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治疗师签字：

备注：此表不做统一要求