**Evaluación de la Unidad Receptora**

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| Nombre de la unidad receptora: | | | | | | |  | | | | | | | | | | | | | | | | |
| Nombre del prestador: | | | |  | | | | | | | | | | | | | | | | | | | |
| Institución educativa: | | |  | | | | | | | | | | | | | | | | | | | | |
| Carrera: |  | | | | | | | | | | | | | | | | | | | | | | |
| Puesto equivalente asignado: | | | | | |  | | | | | | | | | | | | | | | | | |
| Programa de servicio social: | | | | | |  | | | | | | | | | | | | | | | | | |
| Periodo de la prestación: | | | | |  | | | | | | | | | | | | | | | | | | |
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| **I. Del prestador** | | | | |  | | |  | | | | |  | | | | |  | | |  | |  |
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| 1. Competencia y calidad en el Servicio Prestado | | | | | | | | | | | | |  | | | | | 2. Actitud en el desempeño de su servicio | | | | | |
|  | | | | | | | | | | |  |  |  | | | | |  | |  | |  | |
| * Aplicación de los conocimientos | | | | | | | | | | | | ( ) |  | | | | | * Iniciativa | | ( ) | |  | |
| * Habilidades de Expresión, oral y escrito | | | | | | | | | | | | ( ) |  | | | | | * Responsabilidad | | ( ) | |  | |
| * Contribución a la Solución de Problemas | | | | | | | | | | | | ( ) |  | | | | | * Respeto | | ( ) | |  | |
|  | | | | | | | | | | |  |  |  | | | | | * Colaboración | | ( ) | |  | |
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| ( E ) Excelente, ( B ) Buena, ( R ) Regular, ( D ) Deficiente. | | | | | | | | | | | | | | | | | |  | |  | |  | |
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| **II. Del programa** | | | | | | | | | | |  |  | | | |  | |  | |  | |  | |
|  | | | | | | | | | | |  |  | | | |  | |  | |  | |  | |
| ° Situación o problema específico atendido: | | | | | | | | | |  | | | | | | | | | | | | | |
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| ° Ahorro económicos generado por la prestación del servicio social: | | | | | | | | | | | | | | |  | | | | | | | | |
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| ° Número de beneficiarios de la prestación del servicio social: | | | | | | | | | | | | | |  | | | | | | | | | |
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| ° Comentarios: | |  | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | Responsable del Programa | | | | | | | | | |  | |  | |  |
|  | | | | | | | | | (Nombre, Firma y Sello) | | | | | | | | | |  | |  | |  |
|  | | | | | | | | |  | | |  | | | |  | | |  | |  | |  |
| **Recuerda conservar copia de tu documento.** | | | | | | | | |  | | | , Mich., a de del 201  . | | | | | | | | | | | |

*Nota: Para dudas o aclaraciones contáctanos por medio de nuestras Redes Sociales o Correo Electrónico.*