**作成日　　　年　　　月　　　日**

**大分県発達障がい者支援専門員養成研修（初級）：報告書**【プレゼンテーション研修】

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| **氏　名** | ㊞ | **研修日** | **年　　　月　　　日** |
| **所　属** |  | | |
| **研修内容** |  | | |
| **〔考　察〕** | | | |
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