**NOSŪTĪJUMS SPECIĀLISTA PAKALPOJUMA SAŅEMŠANAI**

|  |  |
| --- | --- |
| AUDŽUĢIMENES LIETA Nr. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Datums:** |  | **Nosūtījuma nr.** |  |

|  |  |  |
| --- | --- | --- |
| Audžuģimenes galvenā persona: |  |  |
|  | *(vārds, uzvārds)* | *(kontakttālrunis)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nosūtījums sagatavots (kam?): | | ☐ bērns | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | *vārds, uzvārds* | | |
|  | | ☐ pieaugušais | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | *vārds, uzvārds* | | |
| **Pakalpojuma veids:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Speciālists:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Īss situācijas apraksts:**

**Nosūtījuma mērķis**:

**Ieteicamais konsultāciju (stundu) skaits:**

|  |  |
| --- | --- |
| **Nosūtījumu sagatavoja:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | *Vārds, uzvārds, amats, paraksts* |