附件4

常州市金坛区中小学心理健康教育合格学校申报汇总表

学校： （盖章）

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| **学校** | **联系人** | **联系电话** | **学校**  **类型** | **学生**  **概况** | | **教师**  **概况** | | | **经费投入** | | | | | **课程实施** | |
| **班**  **级**  **数** | **学**  **生**  **数** | **教**  **师**  **数** | **专职** | **兼职** | **20 年**  **（万元）** | **20 年**  **（万元）** | **20 年**  **（万元）** | **20 年**  **（万元）** | **20 年**  **（万元）** | **课时安排**  **（周课时数）** | **教材使用**  **（教材名称）** |
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