附件4

山东省中等职业教育专业教学指导方案

专家评审论证表

牵头院校： 填写时间：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 专业名称 |  | | | |
| 牵头院校  联系人 | 姓名 | 电话 | 电子信箱 | 邮政编码 |
|  |  |  |  |
| 评审意见 | | | | |
| 调研报告（含优缺点，下同）： | | | | |
| 教学标准： | | | | |
| 课程标准： | | | | |
| 师资配备标准： | | | | |
| 专业技能实训室实训设备配备标准： | | | | |
| 特色及创新点： | | | | |
| 总体评审论证意见： | | | | |
| 专家评审论证结论（分“通过”、“修改通过”、“暂缓通过”3种结论）。  专家组认为，对该方案予以 。  评审组长（签字）：  行指委秘书长（签字）：  指导监督人员（签字）： | | | | |

评审论证专家名单

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **职称**  **或职务** | **工作单位** | **所从事主要工作** | **专家签名（手写）** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |

主要研发人员名单

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **出生**  **年月** | **职称**  **或职务** | **文化程度** | **工作单位** | **主要工作内容** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |  |