附件

浙江省职业院校技能大师工作室

申报书

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| 申报学校： |  |
| 工作室名称： |  |
| 领衔人姓名： |  |
| 联系电话： |  |
| 联系邮箱： |  |

浙江省教育厅 制

2023年 月

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| **一、工作室基本情况** | | | | | | | | | | | | | | | | | | | |
| 领衔人姓名 | | | | | |  | | 性别 |  | 民族 | | | | |  | | | | |
| 出生年月 | | | | | |  | | 政治面貌 |  | 学历 | | | | |  | | | | |
| 专业技术职务 | | | | | |  | | 行政职务 |  | 技能等级水平 | | | | |  | | | | |
| 最高学历毕业学校 | | | | | |  | | | 所学专业 |  | | | | | | | | | |
| 工作室具体位置 | | | | | |  | | | | | | | | | | | | | |
| 工作室其他成员 | 姓名 | | | | | 出生年月 | | 职务 | 职称 | 技能等级 | | | | 专业 | | | | | 本校/外聘 |
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| **二、工作室特色和取得业绩** | | | | | | | | | | | | | | | | | | | |
| 工作室特色和建设成效 | | （工作室目标定位、发展历程、取得成效、主要特色以及所在学校支持情况等，不超过600字，标志性成果不超过5项） | | | | | | | | | | | | | | | | | |
| 年份 | | | | | 项目名称 | | | | 项目负责人 | | | | | 授予部门 | | | |
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| 领衔人主要业绩 | | （领衔人个人绝技绝活情况，在立德树人、“三教”改革、技能传承、技术攻关和推广等方面示范引领的工作实绩和突出事迹，获得省级及以上获奖、荣誉、社会影响力等情况，不超过600字；获得奖项荣誉不超过10项） | | | | | | | | | | | | | | | | | |
| 年份 | | | 获得荣誉、获奖、实践及主持项目的名称 | | | | | | | | 授予部门 | | | | | 完成人位次 | |
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| 其他成员主要业绩 | | （成员在立德树人、“三教”改革、技术攻关和推广等方面示范引领的工作实绩和突出事迹以及分工协作、技能学习等情况，获得省级及以上获奖、荣誉、社会影响力等情况，不超过600字；获得奖项荣誉不超过10项） | | | | | | | | | | | | | | | | | |
| 姓名 | | 获得荣誉、获奖、实践及主持项目的名称 | | | | | | | | 授予时间及部门 | | | | | 完成人位次 | | |
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| **三、工作室建设方案** | | | | | | | | | | | | | | | | | | | |
| （工作室建设重点目标、思路、任务等，不超过600字） | | | | | | | | | | | | | | | | | | | |
| 开展教学 教研育人促学 | | | （教学教研方面工作目标和举措，不超过500字） | | | | | | | | | | | | | | | | |
| 开展教师培养打造“双师”  队伍 | | | （师资培养方面工作目标和举措，不超过500字） | | | | | | | | | | | | | | | | |
| 开展技术攻关服务地方发展 | | | （技术攻关方面工作目标和举措，不超过500字） | | | | | | | | | | | | | | | | |
| 开展技能培训促进传承创新 | | | （技术培训及服务社会方面工作目标和举措，不超过500字） | | | | | | | | | | | | | | | | |
| 考核目标设置 | | | （考核目标体系、评价方式方法，不超过500字） | | | | | | | | | | | | | | | | |
| **四、保障措施** | | | | | | | | | | | | | | | | | | | |
| 组织保障 | | | （推动工作室建设的组织保障，不超过300字） | | | | | | | | | | | | | | | | |
| 制度保障 | | | （推动工作室建设的制度保障，不超过300字） | | | | | | | | | | | | | | | | |
| 条件保障 | | | （推动工作室建设的条件保障，不超过300字） | | | | | | | | | | | | | | | | |
| **五、推荐意见** | | | | | | | | | | | | | | | | | | | |
| 所在单位意见 | | | （单位公章） 负责人签名：  年 月 日 | | | | | | | | | | | | | | | | |
| 设区市教育局意见 | | | （中职学校推荐项目填写）  （单位公章） 负责人签名：  年 月 日 | | | | | | | | | | | | | | | | |