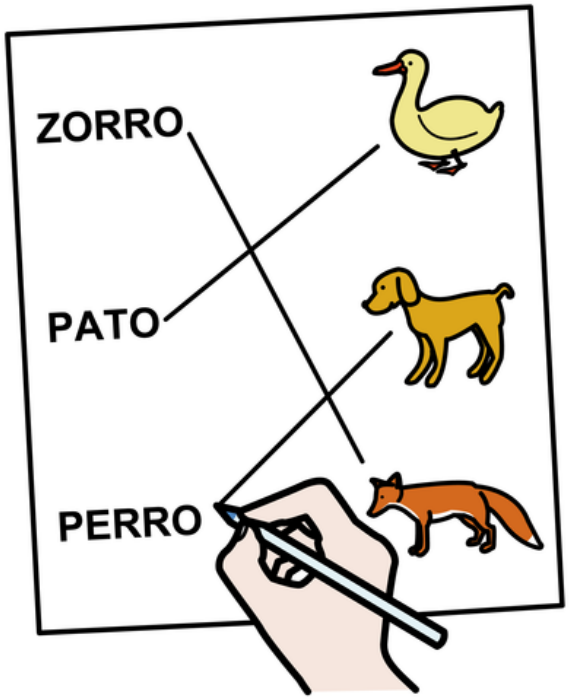
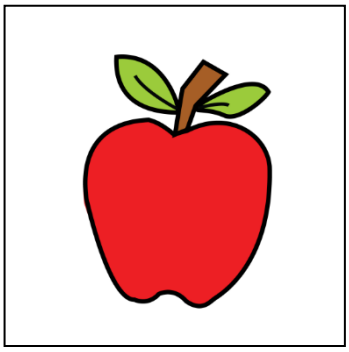
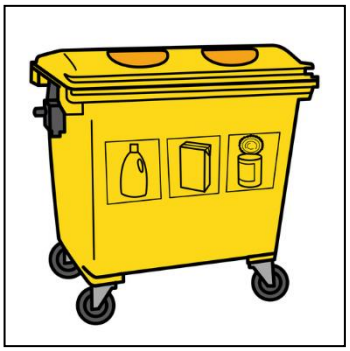
NOMBRE: …… FECHA:……

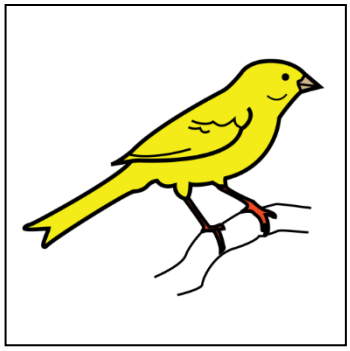


NOMBRE: …… FECHA:……

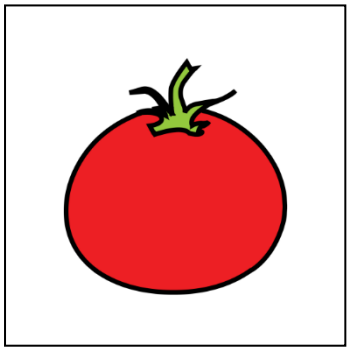


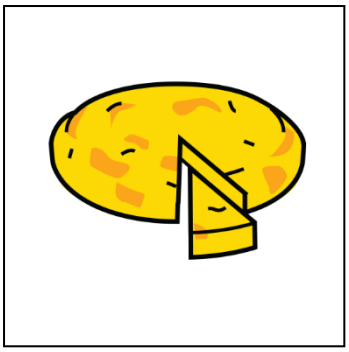
ROJO





AMARILLO





Generalitat de Catalunya
Departament de Treball, Afers Socials i Famílies

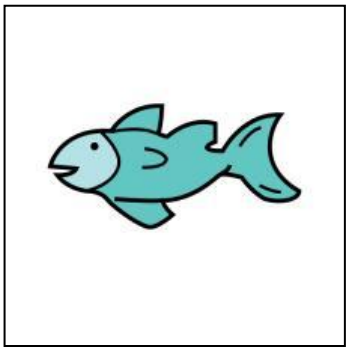
GOBIERNO DE ESPAÑA MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD
POR SOLIDARIDAD OTROS FINES DE INTERÉS SOCIAL

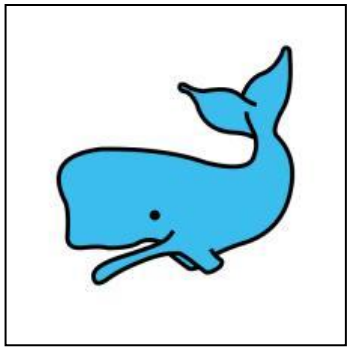
ARASAAC

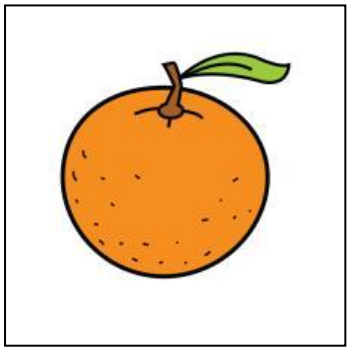
NOMBRE: …… FECHA:……

AZUL

NARANJA







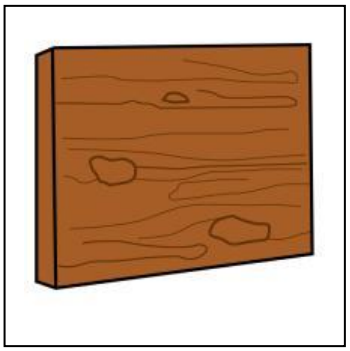
Generalitat de Catalunya
Departament de Treball, Afers Socials i Famílies

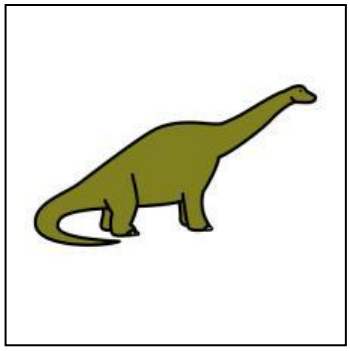
GOBIERNO DE ESPAÑA · MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD
POR SOLIDARIDAD OTROS FINES DE INTERÉS SOCIAL

ARASAAC

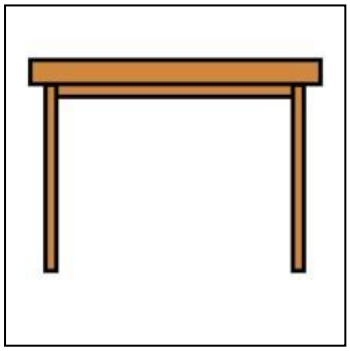
NOMBRE: …… FECHA:……

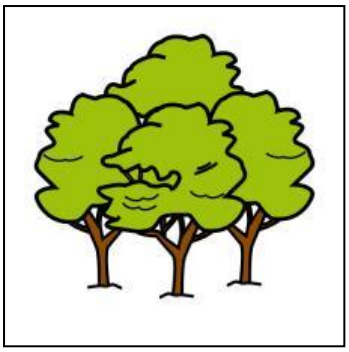
MARRÓN



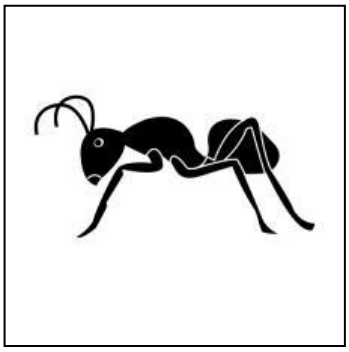


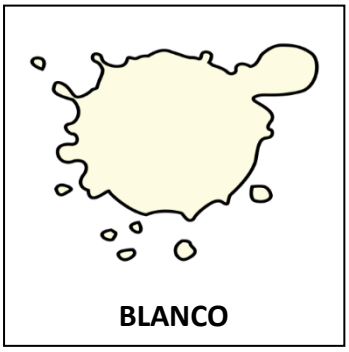
VERDE



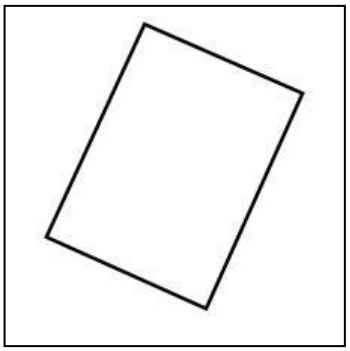


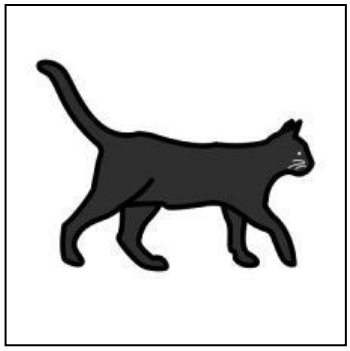
NOMBRE: …… FECHA:……

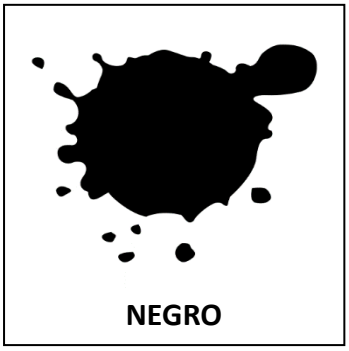




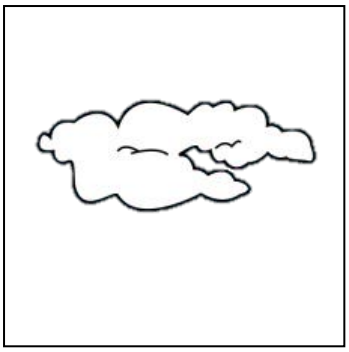
BLANCO







NEGRO

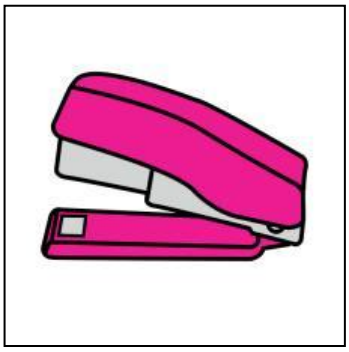


Generalitat de Catalunya
Departament de Treball, Afers Socials i Famílies

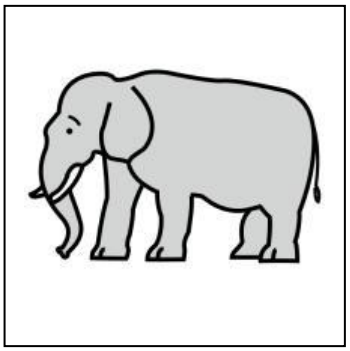
GOBIERNO DE ESPAÑA · MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD
POR SOLIDARIDAD OTROS FINES DE INTERÉS SOCIAL

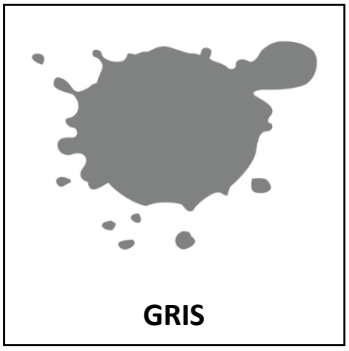
ARASAAC

NOMBRE: …… FECHA:……

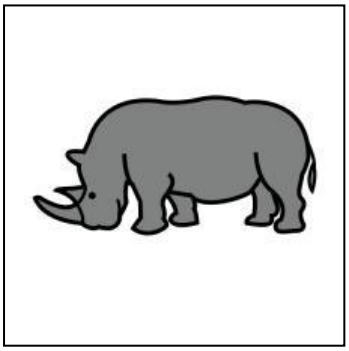


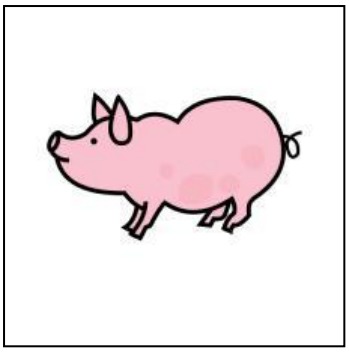
ROSA





GRIS





Generalitat de Catalunya
Departament de Treball, Afers Socials i Famílies

GOBIERNO DE ESPAÑA · MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD
POR SOLIDARIDAD OTROS FINES DE INTERÉS SOCIAL

ARASAAC