

**nombre**

**MI MAPA DE VIDA**



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|  | **MIS SUEÑOS Y MIS MIEDOS** |

**Lo que me gustaría y lo que me da miedo:**

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|  | **MI SALUD Y SEGURIDAD** |

**Los problemas de salud que tengo:**

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|  | **MIS EMOCIONES** |

**Soy feliz cuando:**

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**Estoy triste cuando:**

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|  | **MI HISTORIA** |

**Los momentos más felices de mi vida fueron:**

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**Así soy yo**

***Centro Laboral Lamastelle***

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|  | **MIS RELACIONES** |

**Las personas más importantes de mi vida son:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | **MIS GUSTOS Y PREFERENCIAS** |

**Las cosas que más me gusta hacer son:**

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**¿Qué quiero?**

**Mi P.C.P.**

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|  | **MIS ELECCIONES** |

**Me gustaría que me ayudaran a:**

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**No me gusta nada que:**

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**Me gustaría aprender a:**

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FOTO

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|  | **MIS RUTINAS** |

**Lo que hago y necesito en mi día a día:**

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|  | **MIS LUGARES FAVORITOS** |

**Los sitios que más me gustan son:**

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