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**GİRESUN ÜNİVERSİTESİ**

**SAĞLIK BİLİMLERİ FAKÜLTESİ**

**EBELİK BÖLÜMÜ**



**STAJ DOSYASI**



 

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**ÖĞRENCİNİN KİMLİĞİ**

FOTOĞRAF

Adı ve Soyadı : ...............................................................

Fakülte Öğrenci No : ...............................................................

Telefon No : ...............................................................

E-mail : ...............................................................

İkamet adresi : ...............................................................

Öğrenci İmzası/Tarih (Gün-Ay-Yıl)



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**KRİTERLER**

**Ebelik öğrencisi en az;**

1. 100 doğum öncesi muayene ve danışmanlık yapmalı
2. 40 gebe kadının gebelik takibi ve bakımını yapmalı
3. 40 normal doğum yaptırmalı (20 doğuma yardım ile bu sayı 30’a inebilir=50 doğum)
4. 100 lohusa bakımı / yenidoğan muayenesi yapmalı
5. 40 Riskli gebenin izlemi ve bakımı
6. 20 Riskli yenidoğan izlemeli
7. 10 Jinekolojik ve obstetrik patolojisi olan kadına bakım vermeli
8. 1-2 Epizyotomi uygulamalı
9. 1-2 Makat doğuma aktif katılım/yardımla gerçekleştirmeli

 

**1. KRİTER**: 100 Doğum Öncesi Muayene ve Danışmanlık

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**1. KRİTER**: 100 Doğum Öncesi Muayene ve Danışmanlık

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| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**2. KRİTER**: 40 Gebe Kadının Gebelikte Takibi ve Bakımı

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| Protokol No. |  |  |  |  |  |  |  |  |  |  |
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| Gebelik Haftası |  |  |  |  |  |  |  |  |  |  |
| Gebelik Öncesi Ağırlık |  |  |  |  |  |  |  |  |  |  |
| Gebelikte Alınan Kilo |  |  |  |  |  |  |  |  |  |  |
| Kan Basıncı |  |  |  |  |  |  |  |  |  |  |
| Tetanoz Aşısı |  |  |  |  |  |  |  |  |  |  |
| Ödem |  |  |  |  |  |  |  |  |  |  |
| Varis |  |  |  |  |  |  |  |  |  |  |
| Nabız |  |  |  |  |  |  |  |  |  |  |
| Hg |  |  |  |  |  |  |  |  |  |  |
| Leopold Manevralar |  |  |  |  |  |  |  |  |  |  |
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| Prezantasyon Pozisyon |  |  |  |  |  |  |  |  |  |  |
| Kan Grubu |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**2. KRİTER**: 40 Gebe Kadının Gebelikte Takibi ve Bakımı

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| Gebelikte Alınan Kilo |  |  |  |  |  |  |  |  |  |  |
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| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**2. KRİTER**: 40 Gebe Kadının Gebelikte Takibi ve Bakımı

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| Gebelikte Alınan Kilo |  |  |  |  |  |  |  |  |  |  |
| Kan Basıncı |  |  |  |  |  |  |  |  |  |  |
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| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**2. KRİTER**: 40 Gebe Kadının Gebelikte Takibi ve Bakımı

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| Gebelik Öncesi Ağırlık |  |  |  |  |  |  |  |  |  |  |
| Gebelikte Alınan Kilo |  |  |  |  |  |  |  |  |  |  |
| Kan Basıncı |  |  |  |  |  |  |  |  |  |  |
| Tetanoz Aşısı |  |  |  |  |  |  |  |  |  |  |
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| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**3. KRİTER**: 40 Normal Doğum (20 yardım ile bu sayı 30’a inebilir=50 doğum)

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| Ağırlık Takibi |  |  |  |  |  |  |  |  |  |  |
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| FKA |  |  |  |  |  |  |  |  |  |  |
| Silinme |  |  |  |  |  |  |  |  |  |  |
| Dilatasyon |  |  |  |  |  |  |  |  |  |  |
| İndiksiyon |  |  |  |  |  |  |  |  |  |  |
| Boşaltım |  |  |  |  |  |  |  |  |  |  |
| Eğitim |  |  |  |  |  |  |  |  |  |  |
| Solunum Egzersizi |  |  |  |  |  |  |  |  |  |  |
| Epizyotomi Açma |  |  |  |  |  |  |  |  |  |  |
| Doğum Yaptırma |  |  |  |  |  |  |  |  |  |  |
| Plasenta Çıkarma |  |  |  |  |  |  |  |  |  |  |
| Vakum veya Çan Uygulama |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**3. KRİTER**: 40 Normal Doğum (20 yardım ile bu sayı 30’a inebilir=50 doğum)

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| Vakum veya Çan Uygulama |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**3. KRİTER**: 40 Normal Doğum (20 yardım ile bu sayı 30’a inebilir=50 doğum)

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**3. KRİTER**: 40 Normal Doğum (20 yardım ile bu sayı 30’a inebilir=50 doğum)

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| Dilatasyon |  |  |  |  |  |  |  |  |  |  |
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| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**4. KRİTER**: 100 Lohusa Bakımı

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| ERKEN POSTPARTUM | Protokol No. |  |  |  |  |  |  |  |  |  |  |
| Tarih |  |  |  |  |  |  |  |  |  |  |
| Epizyo Tamiri |  |  |  |  |  |  |  |  |  |  |
| Vital (TA, Na, Ateş) Bulgular |  |  |  |  |  |  |  |  |  |  |
| Kanama Kontrolü |  |  |  |  |  |  |  |  |  |  |
| Uterus Masajı |  |  |  |  |  |  |  |  |  |  |
| Pozisyon Verme |  |  |  |  |  |  |  |  |  |  |
| Emzirme |  |  |  |  |  |  |  |  |  |  |
| Eğitim |  |  |  |  |  |  |  |  |  |  |
| GEÇ POSTPARTUM | Perine Bakımı |  |  |  |  |  |  |  |  |  |  |
| Kanama Kontrolü |  |  |  |  |  |  |  |  |  |  |
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| Uterus İnvolüsyonu |  |  |  |  |  |  |  |  |  |  |
| Meme Bakımı |  |  |  |  |  |  |  |  |  |  |
| Emzirme |  |  |  |  |  |  |  |  |  |  |
| Mobilizasyon |  |  |  |  |  |  |  |  |  |  |
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| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**4. KRİTER**: 100 Lohusa Bakımı

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| Vital (TA, Na, Ateş) Bulgular |  |  |  |  |  |  |  |  |  |  |
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| Emzirme |  |  |  |  |  |  |  |  |  |  |
| Eğitim |  |  |  |  |  |  |  |  |  |  |
| GEÇ POSTPARTUM | Perine Bakımı |  |  |  |  |  |  |  |  |  |  |
| Kanama Kontrolü |  |  |  |  |  |  |  |  |  |  |
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| Meme Bakımı |  |  |  |  |  |  |  |  |  |  |
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| Mobilizasyon |  |  |  |  |  |  |  |  |  |  |
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| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**4. KRİTER**: 100 Lohusa Bakımı

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| ERKEN POSTPARTUM | Protokol No. |  |  |  |  |  |  |  |  |  |  |
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| Kanama Kontrolü |  |  |  |  |  |  |  |  |  |  |
| Uterus Masajı |  |  |  |  |  |  |  |  |  |  |
| Pozisyon Verme |  |  |  |  |  |  |  |  |  |  |
| Emzirme |  |  |  |  |  |  |  |  |  |  |
| Eğitim |  |  |  |  |  |  |  |  |  |  |
| GEÇ POSTPARTUM | Perine Bakımı |  |  |  |  |  |  |  |  |  |  |
| Kanama Kontrolü |  |  |  |  |  |  |  |  |  |  |
| Vital (TA, Na, Ateş) Bulgular |  |  |  |  |  |  |  |  |  |  |
| Uterus İnvolüsyonu |  |  |  |  |  |  |  |  |  |  |
| Meme Bakımı |  |  |  |  |  |  |  |  |  |  |
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| Mobilizasyon |  |  |  |  |  |  |  |  |  |  |
| Boşaltım |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |
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**4. KRİTER**: 100 Lohusa Bakımı

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**4. KRİTER**: 100 Lohusa Bakımı

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**4. KRİTER**: 50 Yenidoğan Muayenesi

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| Epizyo Tamiri |  |  |  |  |  |  |  |  |  |  |
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| GEÇ POSTPARTUM | Perine Bakımı |  |  |  |  |  |  |  |  |  |  |
| Kanama Kontrolü |  |  |  |  |  |  |  |  |  |  |
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4**.KRİTER**: 50 Yenidoğan Muayenesi

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**4. KRİTER**: 50 Yenidoğan Muayenesi

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| Solunum Yolu Açıklığı |  |  |  |  |  |  |  |  |  |  |
| Isının Korunması |  |  |  |  |  |  |  |  |  |  |
| Apgar (1-5) dk |  |  |  |  |  |  |  |  |  |  |
| Göbek Bakımı |  |  |  |  |  |  |  |  |  |  |
| Anne Bebek İletişiminin Başlatılması |  |  |  |  |  |  |  |  |  |  |
| Kimlik Belirlemesi |  |  |  |  |  |  |  |  |  |  |
| K vit. Uygulaması |  |  |  |  |  |  |  |  |  |  |
| Emzirme |  |  |  |  |  |  |  |  |  |  |
| Anne Eğitimi |  |  |  |  |  |  |  |  |  |  |
| SERVİSTE | Yenidoğan Muayenesi |  |  |  |  |  |  |  |  |  |  |
| Tarama Testler |  |  |  |  |  |  |  |  |  |  |
| Göbek Bakımı |  |  |  |  |  |  |  |  |  |  |
| Emzirme |  |  |  |  |  |  |  |  |  |  |
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**4. KRİTER**: 50 Yenidoğan Muayenesi

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| Anne Bebek İletişiminin Başlatılması |  |  |  |  |  |  |  |  |  |  |
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| SERVİSTE | Yenidoğan Muayenesi |  |  |  |  |  |  |  |  |  |  |
| Tarama Testler |  |  |  |  |  |  |  |  |  |  |
| Göbek Bakımı |  |  |  |  |  |  |  |  |  |  |
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**4. KRİTER**: 50 Yenidoğan Muayenesi

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| SERVİSTE | Yenidoğan Muayenesi |  |  |  |  |  |  |  |  |  |  |
| Tarama Testler |  |  |  |  |  |  |  |  |  |  |
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| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**5-KRİTER**: 40 Riskli Gebe Kadın

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| Protokol No. |  |  |  |  |  |  |  |  |  |  |
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| Tanı |  |  |  |  |  |  |  |  |  |  |
| Anamnez Alma |  |  |  |  |  |  |  |  |  |  |
| Gebelik Haftası |  |  |  |  |  |  |  |  |  |  |
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| Kan Basıncı |  |  |  |  |  |  |  |  |  |  |
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| Tedavi |  |  |  |  |  |  |  |  |  |  |
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**5-KRİTER**: 40 Riskli Gebe Kadın

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**5-KRİTER**: 40 Riskli Gebe Kadın

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| Vaka No. |  |  |  |  |  |  |  |  |  |  |
| Protokol No. |  |  |  |  |  |  |  |  |  |  |
| Tarih |  |  |  |  |  |  |  |  |  |  |
| Tanı |  |  |  |  |  |  |  |  |  |  |
| Anamnez Alma |  |  |  |  |  |  |  |  |  |  |
| Gebelik Haftası |  |  |  |  |  |  |  |  |  |  |
| Kilo |  |  |  |  |  |  |  |  |  |  |
| Kan Basıncı |  |  |  |  |  |  |  |  |  |  |
| Ödem |  |  |  |  |  |  |  |  |  |  |
| Varis |  |  |  |  |  |  |  |  |  |  |
| FKA |  |  |  |  |  |  |  |  |  |  |
| Tetkik |  |  |  |  |  |  |  |  |  |  |
| Tedavi |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

**5-KRİTER**: 40 Riskli Gebe Kadın

 

**6. KRİTER**: 20 Riskli Yenidoğan İzlemi

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| Tarih |  |  |  |  |  |  |  |  |  |  |
| Tanı |  |  |  |  |  |  |  |  |  |  |
| Doğum Şekli |  |  |  |  |  |  |  |  |  |  |
| Gestasyon Yaşı |  |  |  |  |  |  |  |  |  |  |
| Muayene Sonuçları |  |  |  |  |  |  |  |  |  |  |
| Beslenme |  |  |  |  |  |  |  |  |  |  |
| Bakım Uygulamaları |  |  |  |  |  |  |  |  |  |  |
| Kilo |  |  |  |  |  |  |  |  |  |  |
| Boy |  |  |  |  |  |  |  |  |  |  |
| Baş Çevresi |  |  |  |  |  |  |  |  |  |  |
| Göğüs Çevresi |  |  |  |  |  |  |  |  |  |  |
| Laboratuvar Sonuçları |  |  |  |  |  |  |  |  |  |  |
| Tedavi |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**6. KRİTER**: 20 Riskli Yenidoğan İzlemi

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| Tanı |  |  |  |  |  |  |  |  |  |  |
| Doğum Şekli |  |  |  |  |  |  |  |  |  |  |
| Gestasyon Yaşı |  |  |  |  |  |  |  |  |  |  |
| Muayene Sonuçları |  |  |  |  |  |  |  |  |  |  |
| Beslenme |  |  |  |  |  |  |  |  |  |  |
| Bakım Uygulamaları |  |  |  |  |  |  |  |  |  |  |
| Kilo |  |  |  |  |  |  |  |  |  |  |
| Boy |  |  |  |  |  |  |  |  |  |  |
| Baş Çevresi |  |  |  |  |  |  |  |  |  |  |
| Göğüs Çevresi |  |  |  |  |  |  |  |  |  |  |
| Laboratuvar Sonuçları |  |  |  |  |  |  |  |  |  |  |
| Tedavi |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

**7. KRİTER**: 10 Jinekolojik ve Obstetrik Patolojisi Olan Kadının Bakımı

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| Tarih |  |  |  |  |  |  |  |  |  |  |
| Tanı |  |  |  |  |  |  |  |  |  |  |
| Anamnez alma |  |  |  |  |  |  |  |  |  |  |
| Jin. muayeneye hazırlama |  |  |  |  |  |  |  |  |  |  |
| Spekulum uygulama |  |  |  |  |  |  |  |  |  |  |
| Bimanuel muayene yapma |  |  |  |  |  |  |  |  |  |  |
| Smear alma |  |  |  |  |  |  |  |  |  |  |
| Preop. hasta bakımı |  |  |  |  |  |  |  |  |  |  |
| Postop. hasta bakımı |  |  |  |  |  |  |  |  |  |  |
| Tedavi |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

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**8. KRİTER**: 1-2 Epizyotomi Uygulaması

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| Vaka No. |  |  |  |  |  |  |  |  |  |  |
| Tarih |  |  |  |  |  |  |  |  |  |  |
| Tanı |  |  |  |  |  |  |  |  |  |  |
| Epizyotomi endikasyonu |  |  |  |  |  |  |  |  |  |  |
| Epizyotomi için anestezi uygulama | Yardımla |  |  |  |  |  |  |  |  |  |
| Kendisi |  |  |  |  |  |  |  |  |  |
| Epizyo açma | Yardımla |  |  |  |  |  |  |  |  |  |
| Kendisi |  |  |  |  |  |  |  |  |  |
| Epizyotomi tamiri | Yardımla |  |  |  |  |  |  |  |  |  |
| Kendisi |  |  |  |  |  |  |  |  |  |
| Tedavi |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

 

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**9. KRİTER**:1-2 Makat Doğuma Aktif Katılım/Yardımla

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| Vaka No. |  |  |  |  |  |  |  |  |  |  |
| Tarih |  |  |  |  |  |  |  |  |  |  |
| Anamnez Alma |  |  |  |  |  |  |  |  |  |  |
| Ağrı Takibi |  |  |  |  |  |  |  |  |  |  |
| Leopold Manevraları |  |  |  |  |  |  |  |  |  |  |
| Makat prezantasyon şekli |  |  |  |  |  |  |  |  |  |  |
| ÇKS/FKA |  |  |  |  |  |  |  |  |  |  |
| Silinme-Dilatasyon |  |  |  |  |  |  |  |  |  |  |
| İndüksiyon |  |  |  |  |  |  |  |  |  |  |
| Boşaltım |  |  |  |  |  |  |  |  |  |  |
| Eğitim |  |  |  |  |  |  |  |  |  |  |
| Solunum Egzersizi |  |  |  |  |  |  |  |  |  |  |
| Epizyotomi Açma |  |  |  |  |  |  |  |  |  |  |
| Doğum Yaptırma |  |  |  |  |  |  |  |  |  |  |
| Plesenta Çıkarma |  |  |  |  |  |  |  |  |  |  |
| Gözlemci Ebe, Dr., Hemş., İmza |  |  |  |  |  |  |  |  |  |  |

GÖRÜŞ-ÖNERİ-AÇIKLAMALAR (Gözlemci Ebe, Dr., Hemş)

GÖRÜŞ-ÖNERİ-AÇIKLAMALAR (Öğrenci)