Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Klasse: \_\_\_\_\_

**Lernkontrolle zur 5. Lerneinheit**

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| --- | --- | --- | --- | --- | --- |
| **AB** | **Datum** | **Selbsteinschätzung** | | | **Lehrer-kontrolle** |
|  |  | **gut** | **geht so** | **weniger gut** |  |
| 70 |  |  |  |  |  |
| 71 |  |  |  |  |  |
| 72 |  |  |  |  |  |
| 73 |  |  |  |  |  |
| 74 |  |  |  |  |  |
| 75 |  |  |  |  |  |
| 76 |  |  |  |  |  |
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