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

**Lernkontrolle zur 7. Lerneinheit**

|  |  |  |  |
| --- | --- | --- | --- |
| **AB** | **Datum** | **Selbsteinschätzung** | **Lehrer-kontrolle** |
|  |  | **gut** | **geht so** | **weniger gut** |  |
| 85 |  |  |  |  |  |
| 86 |  |  |  |  |  |
| 87 |  |  |  |  |  |
| 88 |  |  |  |  |  |
| 89 |  |  |  |  |  |
| 90 |  |  |  |  |  |
| 91 |  |  |  |  |  |
| 92 |  |  |  |  |  |