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

**Lernkontrolle zur 1. Lerneinheit**

|  |  |  |  |
| --- | --- | --- | --- |
| **AB** | **Datum** | **Selbsteinschätzung** | **Lehrer-kontrolle** |
|  |  | **gut** | **geht so** | **weniger gut** |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |