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

**Lernkontrolle zur 2. Lerneinheit**

|  |  |  |  |
| --- | --- | --- | --- |
| **AB** | **Datum** | **Selbsteinschätzung** | **Lehrer-kontrolle** |
|  |  | **gut** | **geht so** | **weniger gut** |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |