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

**Lernkontrolle zur 4. Lerneinheit**

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| **AB** | **Datum** | **Selbsteinschätzung** | **Lehrer-kontrolle** |
|  |  | **gut** | **geht so** | **weniger gut** |  |
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