**Hospitationsbesuche 20\_\_**

 **Schule:**

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| **Nr.** | **Fach** | **Anzahl** **Prüf-linge** | **Name des****Fachlehrers** | **Amts-bez.** | **1. Staats-****examen****ja/nein** | **2. Staats-****examen****ja/nein** | **Letzte Hospitation:** **Datum und Name des Fachberaters** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |
| 10**09/07-5.1.972** |  |  |  |  |  |  |  |

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 Ort, Datum Unterschrift des Abiturbeauftragten