**Name:** **Tel.:**

Schule / Seminarvertreter:       /

# [ ]  1.  [ ]  Unterrichtsbesuch

# [ ]  2.  [ ]  Prüfungsunterricht

**[ ]  3.**

Fach:       Klasse / Kurs:

Fachleiter:       Fachlehrer:

**Terminvorschläge: a)** **b)** **c)**

**Sperrtermine** Schule / Klasse:

**Stunden in der Lerngruppe (Bitte alle Stunden der Lerngruppe markieren und die entsprechenden Zeiten eintragen!):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| St. | Zeit | Mo | Di | Mi | Do | Fr |
| 1. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10. |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Bemerkungen / Hinweise**: