| ass-logo, bunt | Alte Daisbacher Straße 7 a  74889 Sinsheim  Tel: 07261 946-300  Fax: 07261 946-320 | oes-logo, s-w |
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|  | | | |

Name:

Klasse:

Institution:

**Protokoll über Fehltage/Fehlstunden in der Praxis und in der Schule**

**Schule S (grün) Praxis P (rot)**

Fehltage       Fehltage

Fehlstunden       Fehlstunden

Nachweis von       bis

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|  | **Monat** | **Monat** | **Monat** | **Monat** | **Monat** | **Monat** | **Monat** |
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| **Kalendertag** |  |  |  |  |  |  |  |
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| **Gesamt** | **0,00** | **0,00** | **0,00** | **0,00** | **0,00** | **0,00** | **0,00** |
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| **Auszubildende/r** |  |  |  |  |  |  |  |
| **PDL/**  **Praxis-**  **anleiter** |  |  |  |  |  |  |  |

**Gesamtsumme aller Monate:**

Datum: ........................................ Klassenlehrkraft: ..............................................