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| **Elev:** | **Skola:** | **Åk:** | **Datum för bedömning:** |

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| **Mål (text och/eller bild)** | **Jag tycker:** | **Läraren tycker:** | **Diskussion:** |
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| Datum: \_\_\_\_\_\_\_\_\_ | Elevens underskrift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Lärarens underskrift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |