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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |