

Lesecoaches in den Frankfurter Berufsschulen

Schule:

Lehrer/in:

E-Mail:

Telefon/Mobile:

|  |  |
| --- | --- |
| 2 wöchentliche Alternative Wunschtermine: |   |

| Name Teilnehmer | Alter | Stärken/Schwächen, Förderbedarf |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |