**2./3. Halbjahr**

Kurs: VD       Schuljahr:       Dokufach:

|  |  |  |
| --- | --- | --- |
| Referendar/in:Familienname:      Vorname**:**       | **Stundenplan** **2. Ausbildungsabschnitt** | Der Einsatz [ ]  entspricht der BSPO II[ ]  entspricht ***nicht*** der BSPO II |
| gültig ab:       | Ausbildungsschule:Name:      Schulort:       | Unterschrift Seminarlehrkraft: |
| Unterschrift Referendar/in: | Unterschrift Bereichsleiter/in: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Zeit****Beginn Ende** | **Montag****Fach Klasse** | **Dienstag****Fach Klasse** | **Mittwoch****Fach Klasse** | **Donnerstag****Fach Klasse** | **Freitag****Fach Klasse** |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
|  |             |             |             |             |             |             |
| Su |             |             |             |             |             |             |
| Zusammenstellung der Stunden |  | Oberstufe: |      |       Summe: | **Hinweis:**  Begleiteter Unterricht läuft im Deputat des Mentors, ist einzutragen und mit bU zu kennzeichnen. |
| Selbständiger Unterricht: | Berufsschule / Berufsfachschule: |      |
|  |  | Sonstige Schularten: |      |  |  |