HARMONOGRAM PRAKTYKI

Imię i nazwisko studenta:

Nazwa szkoły:

Szkolny opiekun praktyki:

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| --- | --- | --- | --- | --- | --- | --- |
| Lp. | Data/dzień tygodnia | Godziny trwania lekcji | Klasa | Sala | Charakter lekcji(hospitacja/prowadzenie) | Podpis nauczyciela |
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