**Sporttest Mittelstufe   
TEST 2**

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| **Kontaktinformationen** | |
| Schule; PLZ, Ort: |  |
| Schule; Strasse, Nr.: |  |
| Klasse: |  |
| Lehrperson: |  |
| Schuljahr: |  |
| Telefon: |  |



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| **Schülerinnen und Schüler** | **Übung 1** | | | **Übung 2** | | | **Übung 3** | | | **Übung 4** | | |
| **Name und Vorname** | X | √ | √√ | X | √ | √√ | X | √ | √√ | X | √ | √√ |
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| **Auswertung** (wird vom Sportamt ausgefüllt) |
| Teilnahmen: Bestanden: Datum: |