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| **Beruf** | |  | | | | | | | |
| **Zeitraum Praktikum** | |  | | | | | | | |
| **Name Betrieb** | |  | | | | | | | |
| **Name des Praktikanten** | |  | | | | | | | |
| **Adresse Betrieb** | |  | | | | | | | |
| **Telefonnummer** | |  | | | | | | | |
| **Name des Ansprechpartner** | |  | | | | | | | |
| **Arbeitszeiten** | | | | | | | | | |
| **Mo** | **Di** | | **Mi** | | **Do** | | **Fr** | | **Sa** |
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| **Meine Tätigkeiten im Praktikum** | | | | | | | | | |
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| **Meine Praktikumsbewertungen** | | | | | | | | | |
| **Mitarbeiter(in)/Chef(in)** | **Arbeitsbelastung** | | | **Aufgaben, die ich machen durfte** | | **Arbeitszeiten** | | **Praktikum insgesamt** | |
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