

Frohes Lernen

Mein Stundenplan



Name: _____ Klasse: _____

| | Zeit | Montag | Dienstag | Mittwoch | Donnerstag | Freitag |
|----|------|--------|----------|----------|------------|---------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
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