|  |  |  |
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| **Ausbildungsnachweis für [NAME]**  Berufsschulunterricht  dienstbegleitende Unterweisung  Woche vom: [START] bis: [END] Jahr: [YEAR] | | |
| **Tag** | **Ausgeführte Arbeiten, Unterricht, Unterweisungen usw.** | **Stunden** |
| **Montag** | [B0Z0] | [B0S] |
| [B0Z1] |  |
| [B0Z2] |  |
| [B0Z3] |  |
| [B0Z4] |  |
| [B0Z5] |  |
| **Dienstag** | [B1Z0] | [B1S] |
| [B1Z1] |  |
| [B1Z2] |  |
| [B1Z3] |  |
| [B1Z4] |  |
| [B1Z5] |  |
| **Mittwoch** | [B2Z0] | [B2S] |
| [B2Z1] |  |
| [B2Z2] |  |
| [B2Z3] |  |
| [B2Z4] |  |
| [B2Z5] |  |
| **Donnerstag** | [B3Z0] | [B3S] |
| [B3Z1] |  |
| [B3Z2] |  |
| [B3Z3] |  |
| [B3Z4] |  |
| [B3Z5] |  |
| **Freitag** | [B4Z0] | [B4S] |
| [B4Z1] |  |
| [B4Z2] |  |
| [B4Z3] |  |
| [B4Z4] |  |
| [B4Z5] |  |

|  |  |
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| **Besondere Bemerkungen:** | |
| **[NOTES]** | |
|  |  |
| Für die Richtigkeit: | |
| Datum Unterschrift der/des Auszubildenden | Datum Sichtvermerk Ausbilder/in am Arbeitsplatz |