**Formele Assessering: Voorbereide lees**

Graad 8

E1 E2 E3 E4 E5 E6

Write your name and surname on the day you want to do your oral.

|  |  |  |
| --- | --- | --- |
| **Periode 1**  **Datum:** | **Periode 2**  **Datum:** | **Periode 3**  **Datum:** |
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |
| 4. | 4. | 4. |
| 5. | 5. | 5. |
| 6. | 6. | 6. |
| 7. | 7. | 7. |
| 8. | 8. | 8. |
| 9. | 9. | 9. |
| 10. | 10. | 10. |
| 11. | 11. | 11. |