



People 's Democratic Republic of Algeria
Ministry of National Education



DAILY COPY BOOK

Teacher :.....

School Year :



TEACHER'S INFORMATION

First name:

Family name:

Date and place of birth:

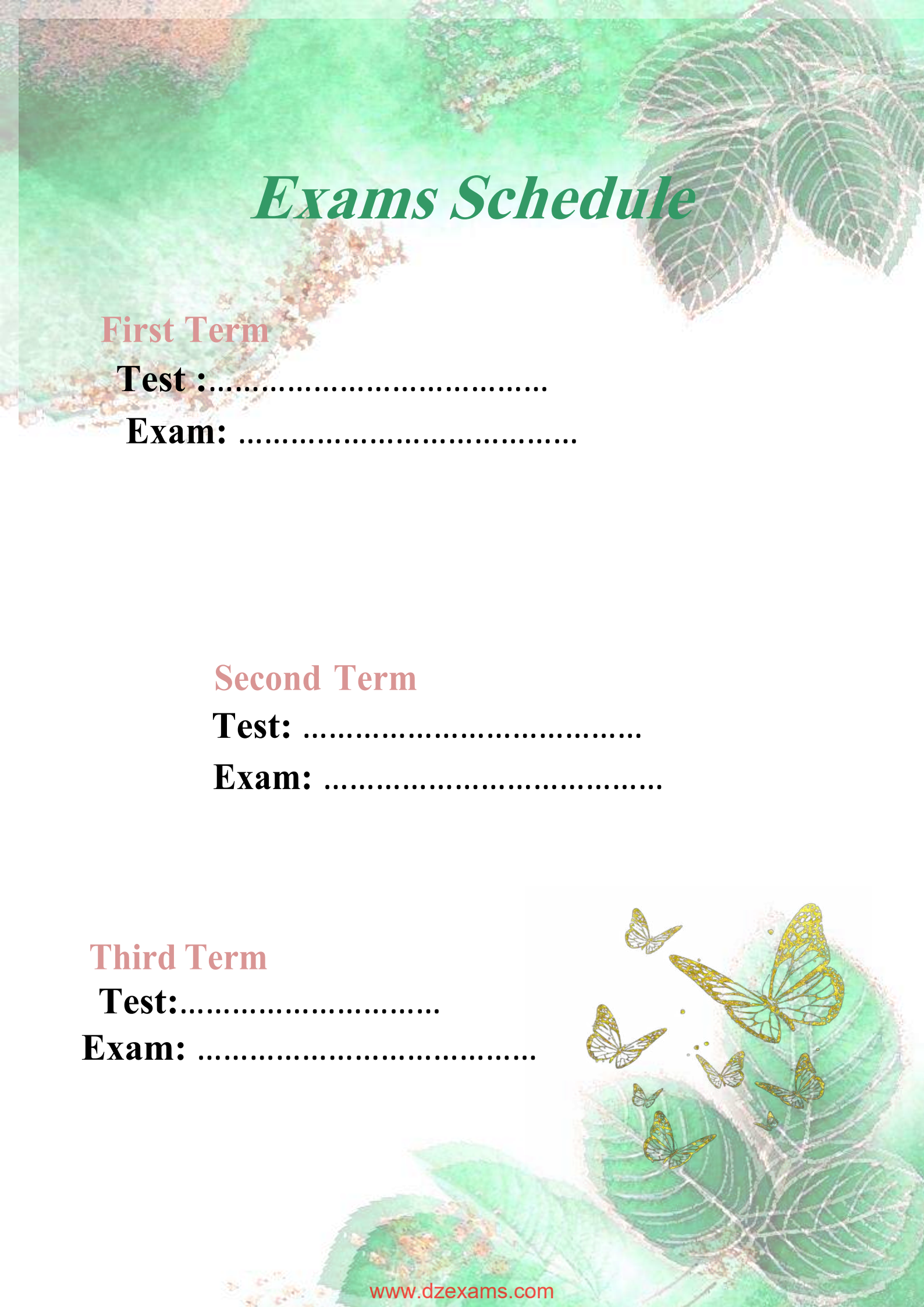
Address:

Phone number :

E-mail Address:

Current School :

[illegible]



Exams Schedule

First Term

Test :.....

Exam:

Second Term

Test:

Exam:

Third Term

Test:.....

Exam:

Pedagogical Conferences

Date

Topic

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<i>Date</i>	<i>Class</i>	<i>Time</i>	<i>Activities and Competencies</i>	<i>Remarks</i>
.....			Sequence :	
.....			Section :	
.....			Session :	
.....			Learning objectives :	
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