**Adı Soyadı:**

LGS (ORTAOKUL) DENEME SINAVI TAKİP FORMU

**Sınıf: No:**

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| Deneme Adı | **Türkçe** | | | **İnkılap Tarihi**  **/Sosyal B.** | | | **Din Kültürü** | | | **İngilizce** | | | **Matematik** | | | **Fen Bilimleri** | | | **Toplam Net** | | |
| **D** | **Y** | **N** | **D** | **Y** | **N** | **D** | **Y** | **N** | **D** | **Y** | **N** | **D** | **Y** | **N** | **D** | **Y** | **N** | **D** | **Y** | **N** |
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