

Svarblað

Nemandi: _____ Bekkur: _____

Stig: _____ Texti: _____ Fjöldi spurninga: _____

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| 1. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d | 7. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
| 2. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d | 8. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
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| 4. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d | 10. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
| 5. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d | 11. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |
| 6. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d | 12. spurning: | <input type="checkbox"/> a | <input type="checkbox"/> b | <input type="checkbox"/> c | <input type="checkbox"/> d |

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