Nom de l’élève : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test empan visuel global

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| --- | --- | --- |
| **No.** | **Lettres reconnues** | **Total** |
| 1 |  |  |  |  |  |  |
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|  |  |  |  |  | Total |  /100 |

Test empan visuel partiel

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| --- | --- | --- | --- |
| **No.**  | **Bonne lettre** **oui** | **Autre lettre**  | **Aucune lettre** |
| 1 |  |  |  |  |
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| 50 |  |  |  |  |
| **Total** |  /50 |  |  |  |

SCORE TOTAL : \_\_\_\_\_\_/150 \_\_\_\_\_\_%