**Kollegiale Beratung/Intervision** (mind. 3 TN)

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| **Datum** | **von – bis**  **BEs** | **Teilnehmer\*innen** |
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| Inhalt in Stichpunkten |  |  |
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| Inhalt in Stichpunkten |  |  |
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| Inhalt in Stichpunkten |  |  |