

Name: _____

😊 leicht ☐




Datum: _____

☹️ schwer ☐

1.3 Welche Silben hören Sie?



2.10

| | | | |
|---|---|------------------------------|------------------------------|
| 1 |  | Gar <input type="checkbox"/> | Gat <input type="checkbox"/> |
| 2 |  | mei <input type="checkbox"/> | rei <input type="checkbox"/> |
| 3 |  | mol <input type="checkbox"/> | rol <input type="checkbox"/> |
| 4 |  | kar <input type="checkbox"/> | lar <input type="checkbox"/> |
| 5 |  | Ra <input type="checkbox"/> | Wa <input type="checkbox"/> |