

Name: _____

😊 leicht ☐




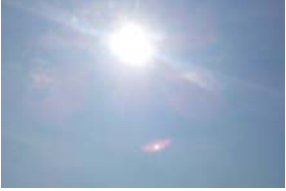

Datum: _____

☹️ schwer ☐

1.3 Welche Silben hören Sie?



4.10

1		Dün <input type="checkbox"/> Dun <input type="checkbox"/>
2		brü <input type="checkbox"/> blü <input type="checkbox"/>
3		Er <input type="checkbox"/> Her <input type="checkbox"/>
4		zon <input type="checkbox"/> son <input type="checkbox"/>
5		Vas <input type="checkbox"/> Was <input type="checkbox"/>