

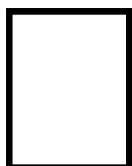
Name: _____

😊 leicht ☐

Datum: _____

☹ schwer ☐


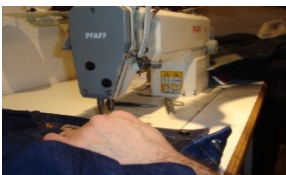
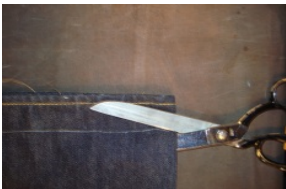
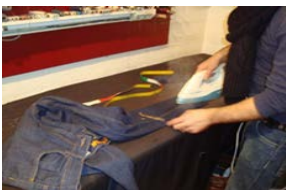

1.2 Wählen Sie einen Laut! Schreiben Sie ihn in das Kästchen!



Hören Sie Ihren Laut in dem Wort? Ja oder nein?



1.03

	<input type="checkbox"/> ja	<input type="checkbox"/> nein
	<input type="checkbox"/> ja	<input type="checkbox"/> nein
	<input type="checkbox"/> ja	<input type="checkbox"/> nein
	<input type="checkbox"/> ja	<input type="checkbox"/> nein
	<input type="checkbox"/> ja	<input type="checkbox"/> nein