

Name: \_\_\_\_\_

😊 leicht ☐

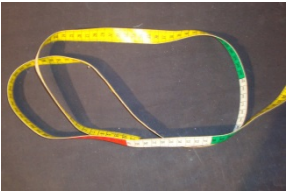




Datum: \_\_\_\_\_

☹️ schwer ☐

### 1.3 Welche Silben hören Sie?



2.10

1		Naß <input type="checkbox"/>	Maß <input type="checkbox"/>
2		Grei <input type="checkbox"/>	Krei <input type="checkbox"/>
3		Werk <input type="checkbox"/>	Ferk <input type="checkbox"/>
4		Näh <input type="checkbox"/>	Mäh <input type="checkbox"/>
5		Bü <input type="checkbox"/>	Pü <input type="checkbox"/>