

Name: _____

😊 leicht ☐


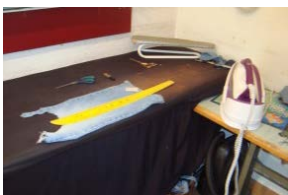
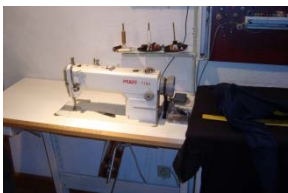
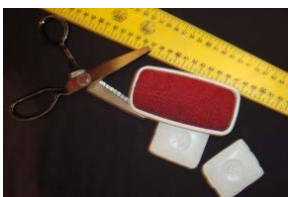

Datum: _____

☹ schwer ☐

1.3 Welche Silben hören Sie?



3.10

1		Lam <input type="checkbox"/>	Lan <input type="checkbox"/>
2		Pü <input type="checkbox"/>	Bü <input type="checkbox"/>
3		Näh <input type="checkbox"/>	Nah <input type="checkbox"/>
4		Wirk <input type="checkbox"/>	Werk <input type="checkbox"/>
5		Ge <input type="checkbox"/>	Re <input type="checkbox"/>