

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

😊 leicht ☐

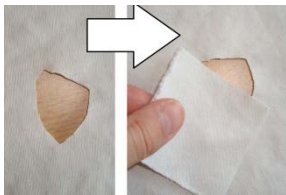

Datum: \_\_\_\_\_

☹ schwer ☐

## 1.2 Welche Silben hören Sie?



4.09

1	 <p>Man</p> <input type="checkbox"/>	 <p>Ho</p> <input type="checkbox"/>
2	 <p>kür</p> <input type="checkbox"/>	 <p>fli</p> <input type="checkbox"/>
3	 <p>Pul</p> <input type="checkbox"/>	 <p>Reiß</p> <input type="checkbox"/>