

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

😊 leicht ☐



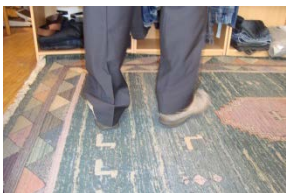

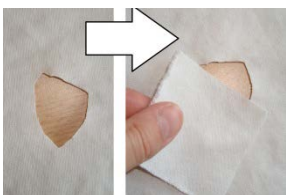
Datum: \_\_\_\_\_

☹ schwer ☐

### 1.3 Welche Silben hören Sie?



4.10

1		Man <input type="checkbox"/>	Men <input type="checkbox"/>
2		Fo <input type="checkbox"/>	Ho <input type="checkbox"/>
3		kür <input type="checkbox"/>	gür <input type="checkbox"/>
4		Bul <input type="checkbox"/>	Pul <input type="checkbox"/>
5		fli <input type="checkbox"/>	pli <input type="checkbox"/>