

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

😊 leicht ☐






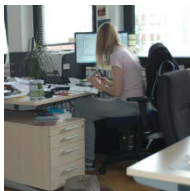
Datum: \_\_\_\_\_

☹️ schwer ☐

## 1.2 Welche Silben hören Sie?



1.09

1	 <p>rei</p> <input type="checkbox"/>	 <p>Lap</p> <input type="checkbox"/>
2	 <p>Toi</p> <input type="checkbox"/>	 <p>sau</p> <input type="checkbox"/>
3	 <p>put</p> <input type="checkbox"/>	 <p>Bü</p> <input type="checkbox"/>