

Name: _____

😊 leicht ☐


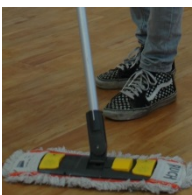



Datum: _____

☹️ schwer ☐

1.3 Welche Silben hören Sie?



2.10

1		put <input type="checkbox"/>	but <input type="checkbox"/>
2		wi <input type="checkbox"/>	vi <input type="checkbox"/>
3		Bi <input type="checkbox"/>	Be <input type="checkbox"/>
4		Bo <input type="checkbox"/>	Bu <input type="checkbox"/>
5		No <input type="checkbox"/>	Mo <input type="checkbox"/>