

Name: _____

😊 leicht ☐

Datum: _____




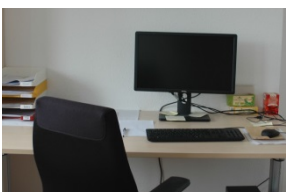
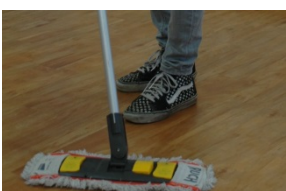

☹️ schwer ☐

1. Silben hören

1.1 Welche Silben hören Sie?



4.08

	Fens	<input type="checkbox"/>
	put	<input type="checkbox"/>
	lee	<input type="checkbox"/>
	Schreib	<input type="checkbox"/>
	wi	<input type="checkbox"/>
	fe	<input type="checkbox"/>