

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

😊 leicht ☐



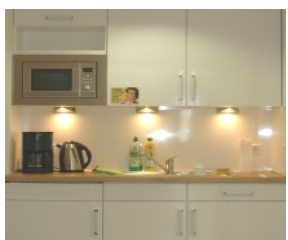
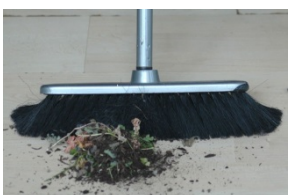

Datum: \_\_\_\_\_

☹️ schwer ☐

### 1.3 Welche Silben hören Sie?



4.10

1		put <input type="checkbox"/>	but <input type="checkbox"/>
2		tre <input type="checkbox"/>	dre <input type="checkbox"/>
3		Gü <input type="checkbox"/>	Kü <input type="checkbox"/>
4		fe <input type="checkbox"/>	ve <input type="checkbox"/>
5		vi <input type="checkbox"/>	wi <input type="checkbox"/>