

Name: _____

😊 leicht ☐

Datum: _____

☹️ schwer ☐

1.2 Welches Wort hören Sie? Kreuzen Sie an!

<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	-------------------------------------

Parg

Park

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Stationszimer

Stationszimmer

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Nachbarn

Nachbahrn

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Speisesaal

Speisesal

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Bat

Bad

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Pflegepersonal

Plegepersonal

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Fluhr

Flur



3.03