

Leni



Lesen

Anlausebene

Klasse 1 / 40. Schulwoche

Name: _____

Klasse: _____

Datum: _____

Womit beginnt das Wort? Kreuze an.


☐

I



L

☐

J

☐

T

1


☒

V

☐

Y

☐

U

☐

N

2


☐

Rf

☐

Bf

☐

Pl

☒

Pf

3


☐

M

☒

Y

☐

Z

☐

W

4


☒

C

☐

O

☐

S

☐

G

5


☐

Ei

☒

Eu

☐

En

☐

Au

6


☐

Ao

☐

Yu

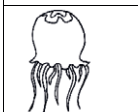
☐

An

☒

Au

7


☐

Qo

☐

Ou

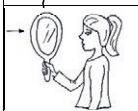
☒

Qu

☐

Gu

8


☐

St

☒





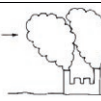

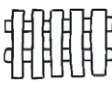




Sp


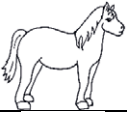



☐

Sb

☐

Sd

9		<input checked="" type="checkbox"/> St	<input type="checkbox"/> Sl	<input type="checkbox"/> Sp	<input type="checkbox"/> Sf
10		<input type="checkbox"/> Sp	<input type="checkbox"/> Sl	<input checked="" type="checkbox"/> St	<input type="checkbox"/> Si
11		<input type="checkbox"/> G	<input type="checkbox"/> O	<input type="checkbox"/> Q	<input checked="" type="checkbox"/> C
12		<input type="checkbox"/> Scn	<input type="checkbox"/> Soh	<input checked="" type="checkbox"/> Sch	<input type="checkbox"/> Scl
13		<input checked="" type="checkbox"/> Qu	<input type="checkbox"/> Ou	<input type="checkbox"/> Du	<input type="checkbox"/> Qn
14		<input type="checkbox"/> St	<input checked="" type="checkbox"/> Sp	<input type="checkbox"/> Sb	<input type="checkbox"/> Sd
15		<input checked="" type="checkbox"/> Z	<input type="checkbox"/> F	<input type="checkbox"/> N	<input type="checkbox"/> E
16		<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> U	<input checked="" type="checkbox"/> V
17		<input type="checkbox"/> Soh	<input checked="" type="checkbox"/> Sch	<input type="checkbox"/> Scl	<input type="checkbox"/> Scn
18		<input checked="" type="checkbox"/> J	<input type="checkbox"/> I	<input type="checkbox"/> L	<input type="checkbox"/> Y
19		<input type="checkbox"/> I	<input type="checkbox"/> L	<input checked="" type="checkbox"/> J	<input type="checkbox"/> Y

20		<input type="checkbox"/> Z	<input type="checkbox"/> K	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> X
21		<input type="checkbox"/> Bf	<input type="checkbox"/> Rf	<input checked="" type="checkbox"/> Pf	<input type="checkbox"/> Pl
22		<input checked="" type="checkbox"/> Eu	<input type="checkbox"/> Fu	<input type="checkbox"/> En	<input type="checkbox"/> Eo
23		<input type="checkbox"/> F	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> E	<input type="checkbox"/> N
24		<input checked="" type="checkbox"/> Au	<input type="checkbox"/> Ei	<input type="checkbox"/> An	<input type="checkbox"/> Eu