

Name:

Datum:

Nr:

| <u>Namen</u> | der | die | das | Die (Pl.) |
|--------------|-----|-----|-----|-----------|
| ___ Haus     |     |     |     |           |
| ___ Tisch    |     |     |     |           |
| ___ Lampe    |     |     |     |           |
| ___ Kind     |     |     |     |           |
| ___ Schuhe   |     |     |     |           |
| ___ Tafel    |     |     |     |           |
| ___ Zirkel   |     |     |     |           |
| ___ Buch     |     |     |     |           |
| ___ Saft     |     |     |     |           |
| ___ Kreide   |     |     |     |           |
| ___ Prüfung  |     |     |     |           |
| ___ Baum     |     |     |     |           |
| ___ Schule   |     |     |     |           |
| ___ Sprechen |     |     |     |           |
| ___ Sprache  |     |     |     |           |
| ___ Mutter   |     |     |     |           |
| ___ Eltern   |     |     |     |           |
| ___ Kollege  |     |     |     |           |
| ___ Schweiz  |     |     |     |           |