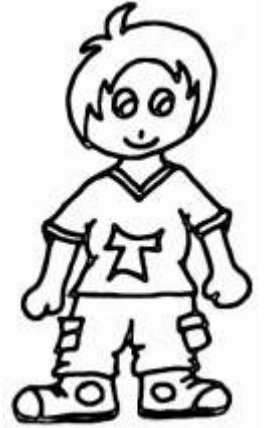


# Discrimination Auditive

PRENOM :

CLASSE :

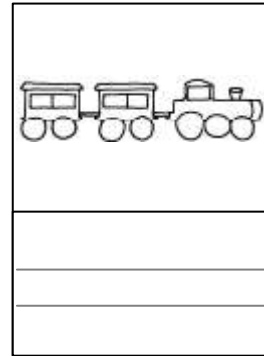
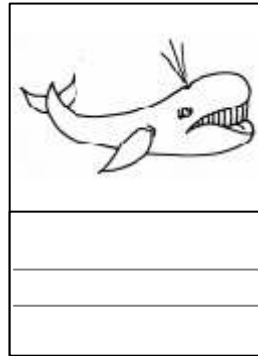
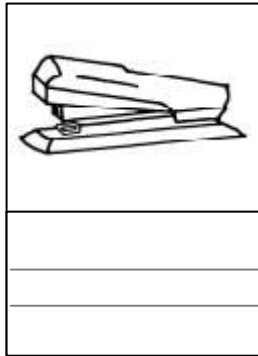
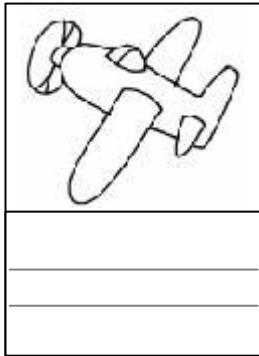
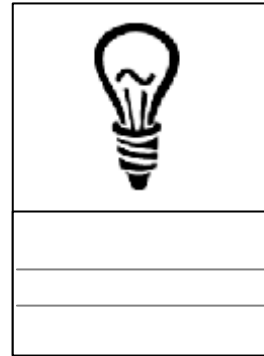
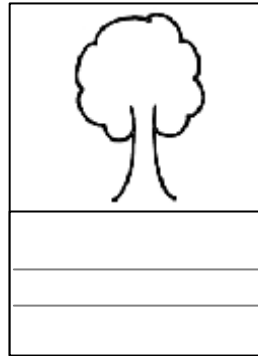
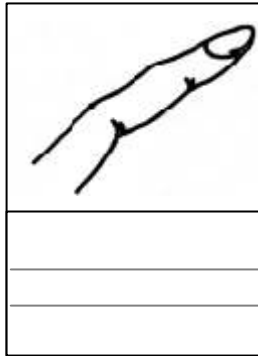
DATE :



## le son [A]

### Reconnaître un son

Si tu entends [a] écris le mot puis colorie les dessins.



### Reconnaître un son

Si tu entends [A] écris [A] puis colorie les dessins.

