Nom: Data:

ESCRIBO

|  |  |
| --- | --- |
| sopa | SOP \_ |
| pala_1 | PA \_ \_ |
| muela | MUE \_ \_ |
| lupa | \_ \_ PA |
| pelo | \_ \_ LO  |
| muela | \_ \_ \_ \_ \_ |
| lupa | \_ \_ \_ \_ |

|  |  |
| --- | --- |
| pie | PI \_ |
| lupa | LUP \_ |
| pelo | PE \_ O |
| muela | \_ \_ EL \_ |
| lupa | \_ \_ P \_ |
| pie | \_ \_ \_ |
| sopa | \_ \_ \_ \_ |