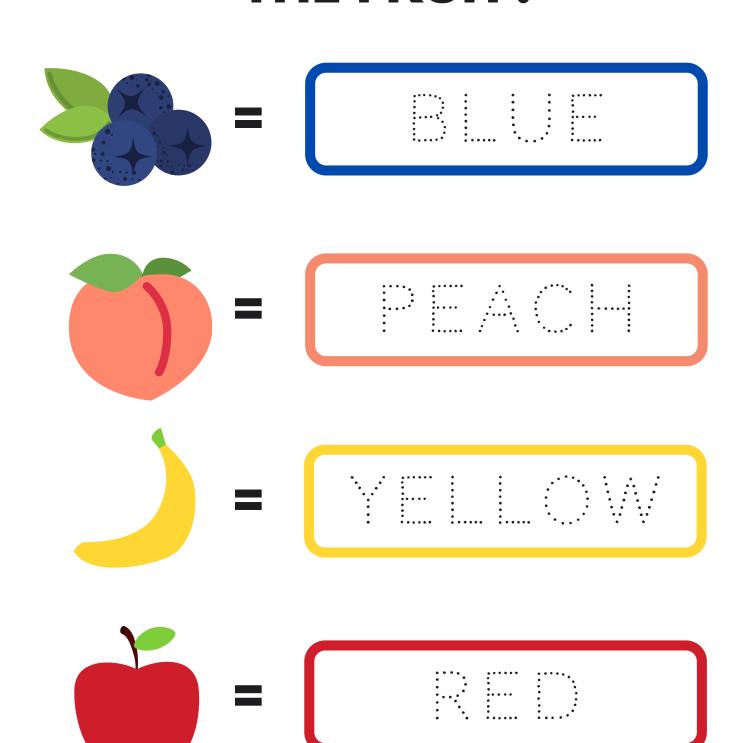
| Name: | Section: |
|-------|----------|
| Date: | Teacher: |

WHAT COLOR IS THE FRUIT?



| Name: | Section: |
|-------|----------|
| Date: | Teacher: |

WHAT COLOR IS THE VEGETABLE?

| = | |
|---|--|

| Name: | Section: |
|-------|----------|
| Date: | Teacher: |

WHAT COLOR IS OUR BODY PARTS?

