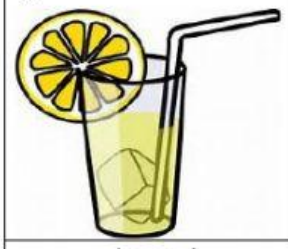
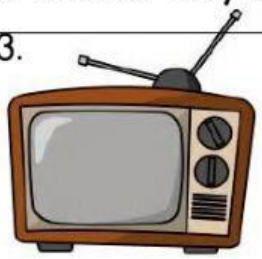
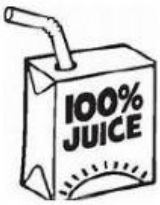
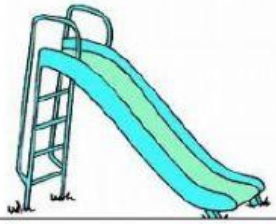
| Name - Last name | Nickname | No. | Class |
|---|---|---|---|
| | | | P. 4 / |

| Score |
|---|
| /10 |

# States of Matter

**Part I: Look at the items below and determine whether they are solids, liquids, or gases.**

| | | | |
|---|---|---|---|
| 1.  | 2. | 3.  | 4. |
| liquid | | | |
| 5. | 6. | 7. | 8. |
| | | | |
| 9.   | 10. | 11.  | 12. |
| | | | |
| 13. | 14. | 15. | 16. |

LIVEWORKSHEETS