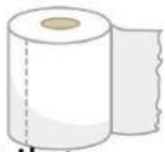


Name.....Surname.....Class P. 2/.....No.....

Date.....

**Absorbent and Non-absorbent**

**Directions: Classify the following objects according to their capabilities.**



Toilet paper



Sponge



Drinking glass



Spoon and fork



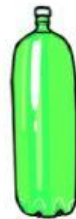
Plastic cup



Socks



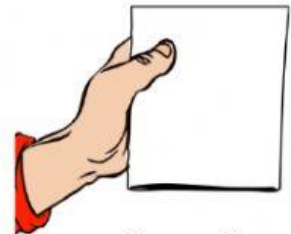
Towel



Bottle



Boots



Handkerchief

**Absorbent object**

1. ....
2. ....
3. ....
4. ....
5. ....

**Non-absorbent object**

1. ....
2. ....
3. ....
4. ....
5. ....