

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# Colors

*Look at the pictures and write the correct word on the lines below.*

green / red / yellow / pink / brown /  
blue / purple / orange / black / gray



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_