



SCIENCE 2  
MATERIALS

NAME: \_\_\_\_\_ NO. \_\_\_\_\_

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

I. Choose from **wood, metal, rubber, glass, plastic, clay, leather, cloth and paper** use in the following materials.



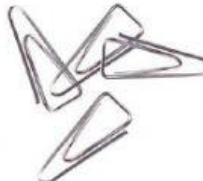
Bottle: \_\_\_\_\_



Nails: \_\_\_\_\_



Balloons: \_\_\_\_\_



Paper Clips: \_\_\_\_\_



Magazine: \_\_\_\_\_



Pail: \_\_\_\_\_



Bed: \_\_\_\_\_



Plate: \_\_\_\_\_

Prepared By: Teacher Jan