

 ICM INSAN CEDEKIA MADANI	Lines of Symmetry	Name : _____	
		Class : _____	
		Teacher : _____	
		Date : _____	
☐ Pre-assessment ☐ Individual guided practice		Marks: 10	Score:
☒ Independent practice ☐ Formative Assessment			

Investigating Lines of Symmetry



Name: _____

Sides: _____

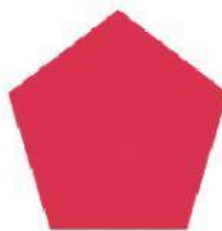
Lines of Symmetry: _____



Name: _____

Sides: _____

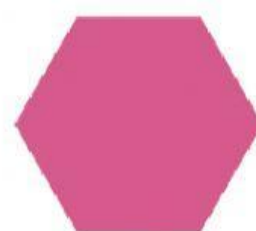
Lines of Symmetry: _____



Name: _____

Sides: _____

Lines of Symmetry: _____



Name: _____

Sides: _____

Lines of Symmetry: _____



Name: _____

Sides: _____

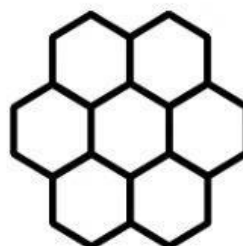
Lines of Symmetry: _____



Name: _____

Sides: _____

Lines of Symmetry: _____



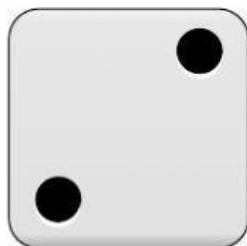
Name: _____

Lines of Symmetry: _____



Name: _____

Lines of Symmetry: _____



Name: _____

Lines of Symmetry: _____



Name: _____

Lines of Symmetry: _____