Name: _____ Group: _____ Date: _____



1. _____ vegetables.
2. _____ boxes of cereal.
3. _____ seafood.
4. _____ bread.
5. _____ fish.
6. _____ meat.
7. _____ milk.
8. _____ candies.
9. _____ watermelons.
10. _____ salt.
11. _____ sugar.

LIVEWORKSHEETS