

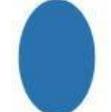
Name: \_\_\_\_\_

Date: \_\_\_\_\_

# LET'S COUNT SHAPES!

Count the shapes and write your answers in the boxes below



	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>