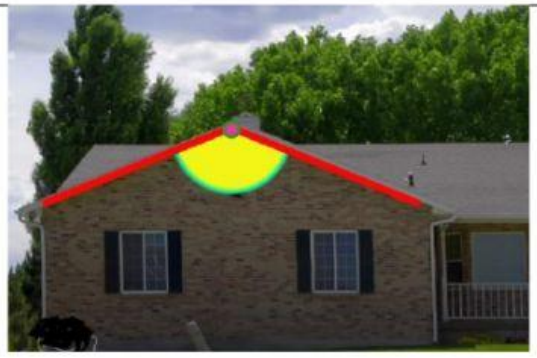
NAME: _____ DATE: _____

NAME THAT ANGLE!

Label each picture. Is the angle ACUTE, RIGHT, OBTUSE, STRAIGHT, REFLEX, OR FULL ROTATION?











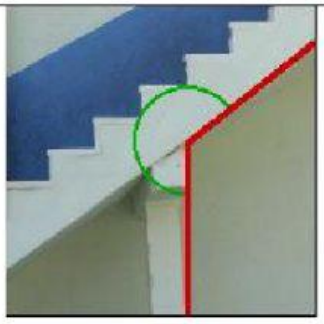


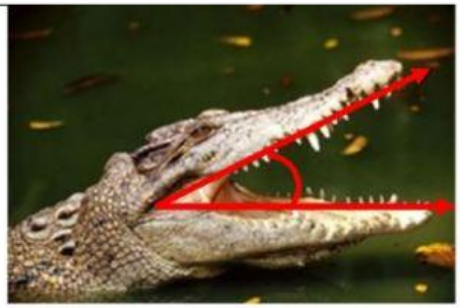
LIVEWORKSHEETS

















LIVEWORKSHEETS