

Name: _____

Class & Section: _____ Date: _____

Kindergarten 2

SINK OR FLOAT

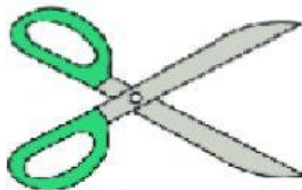
In the spaces below, write if the object will sink or float.

PAPER CLIP





FORK



SCISSORS

DRINKING STRAW





FULL BOTTLE OF WATER

BASEBALL