

Name : _____

Class : _____

Teacher : _____

Date : _____

 Pre-assessment

 Individual guided practice

Marks:

 Independent practice

 Formative Assessment

10

Score:

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: _____

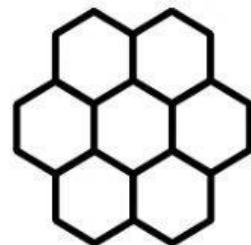
Lines of Symmetry: _____



Name: _____

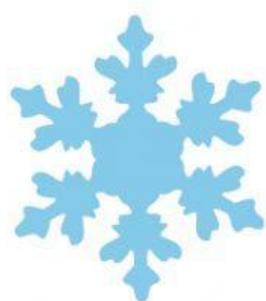
Sides: _____

Lines of Symmetry: _____



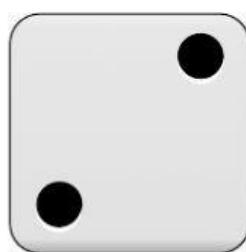
Name: _____

Lines of Symmetry: _____



Name: _____

Lines of Symmetry: _____



Name: _____

Lines of Symmetry: _____



Name: _____

Lines of Symmetry: _____