 <b>ICM</b>   INSAN CEDEKIA MADANI	<b>Lines of Symmetry</b>	Name : _____	
		Class : _____	
		Teacher : _____	
		Date : _____	
<input type="checkbox"/> Pre-assessment <input type="checkbox"/> Individual guided practice		<b>Marks:</b>  <b>10</b>	<b>Score:</b>
<input checked="" type="checkbox"/> Independent practice <input type="checkbox"/> Formative Assessment			

## Investigating Lines of Symmetry



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

Sides: \_\_\_\_\_

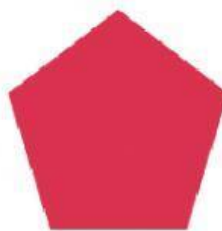
Lines of Symmetry: \_\_\_\_\_



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

Sides: \_\_\_\_\_

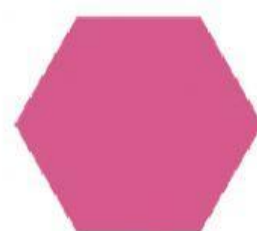
Lines of Symmetry: \_\_\_\_\_



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

Sides: \_\_\_\_\_

Lines of Symmetry: \_\_\_\_\_



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

Sides: \_\_\_\_\_

Lines of Symmetry: \_\_\_\_\_



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

Sides: \_\_\_\_\_

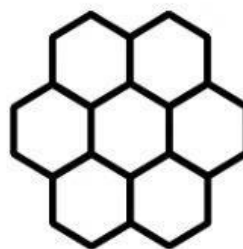
Lines of Symmetry: \_\_\_\_\_



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

Sides: \_\_\_\_\_

Lines of Symmetry: \_\_\_\_\_



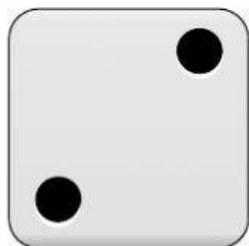
Name: \_\_\_\_\_

Lines of Symmetry: \_\_\_\_\_



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

Lines of Symmetry: \_\_\_\_\_



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Lines of Symmetry: \_\_\_\_\_



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

Lines of Symmetry: \_\_\_\_\_