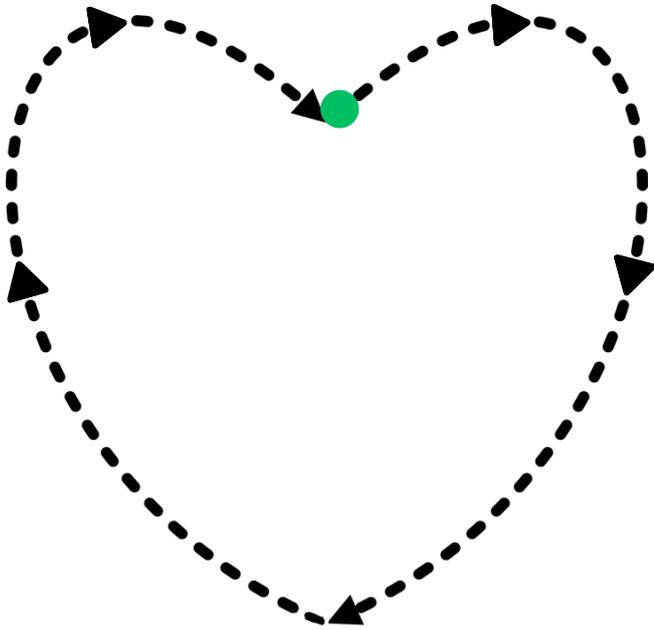


Name _____

Date _____

Shape Tracing Practice



Heart

