




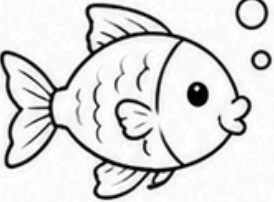
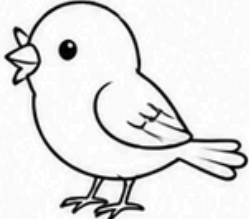




Name _____

Date _____

Living or Non-Living? Tick the Correct Answer

Directions: Look at each picture. Tick (✓) the correct answer.

<p>1. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>	<p>6. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>
<p>2. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>	<p>7. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>
<p>3. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>	<p>8. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>
<p>4. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>	<p>9. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>
<p>5. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>	<p>10. </p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Non-Living</p>