

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

# MATTER AND ENERGY

Directions: Check off the correct box showing if the object is a solid or a liquid.



solid

☐

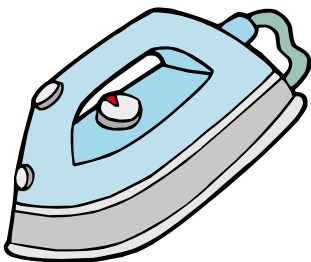
liquid

☐

solid

☐

liquid

☐

solid

☐

liquid

☐

solid

☐

liquid

☐