

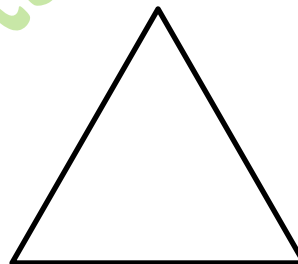
Name: _____ Date: _____

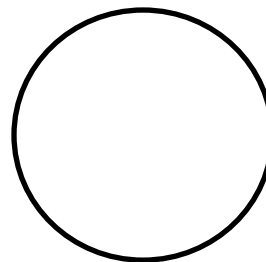
Plane Shapes

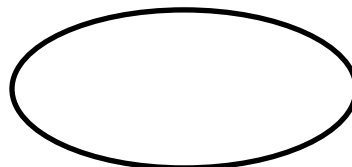
Name the following shapes.











Plane Shapes

Name the following shapes.

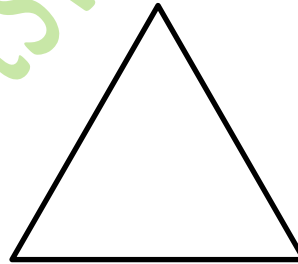
Rectangle



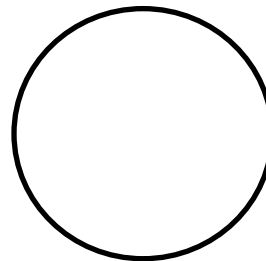
Square



Triangle



Circle



Oval

