

Student Name: _____

Teacher: _____

Class: _____

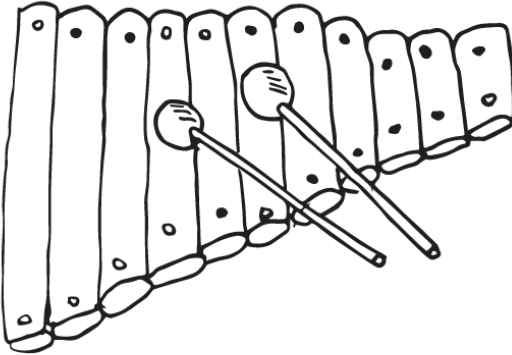
Date: _____



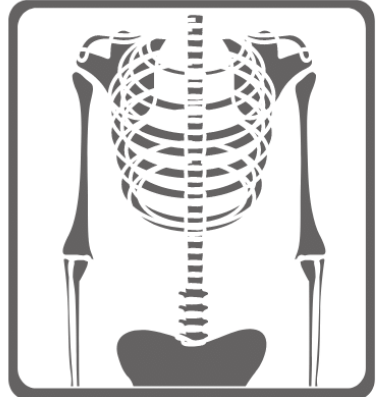
Alphabet Worksheet



Color



Xylophone



X-ray

