Heavy - Light

Name : ....
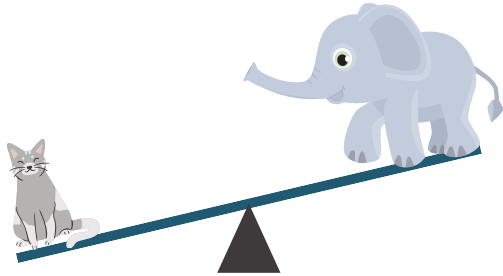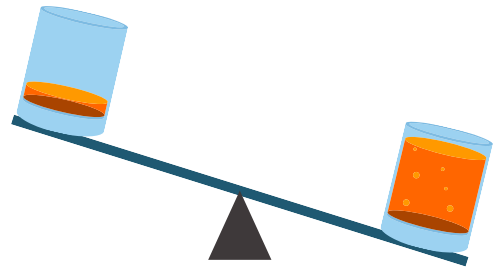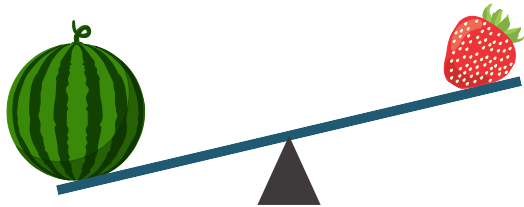
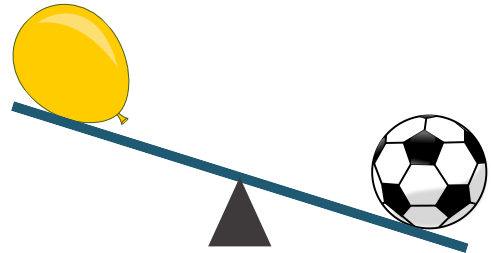- Mark true if the following is true, mark false if false.

True ◯　　◯ False
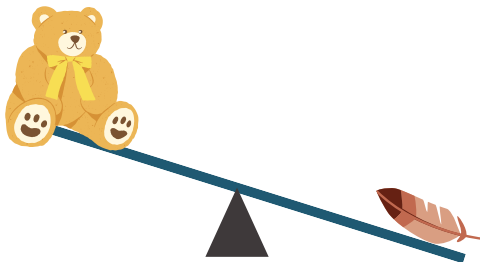

True ◯　　◯ False
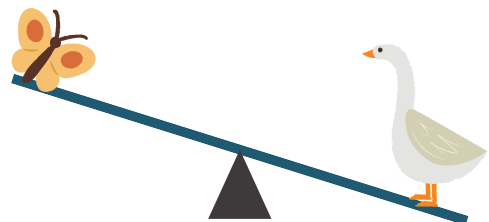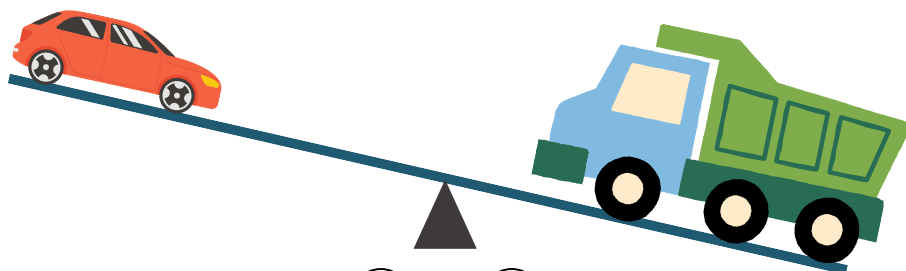

True ◯　　◯ False

True ◯　　◯ False

True ◯　　◯ False

True ◯　　◯ False

True ◯　　◯ False

Full and Empty

Circle the items that are full. Cross-out the items that are empty.