



Name: _____

Date: _____

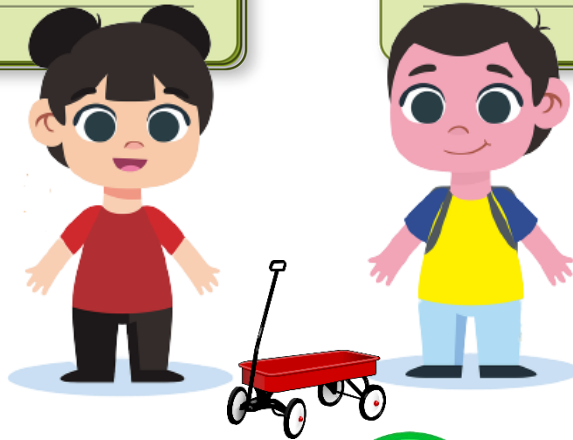
MODULE 1 – WORKSHEET 1



POSITIVE



NEGATIVE



NEGATIVE



POSITIVE
