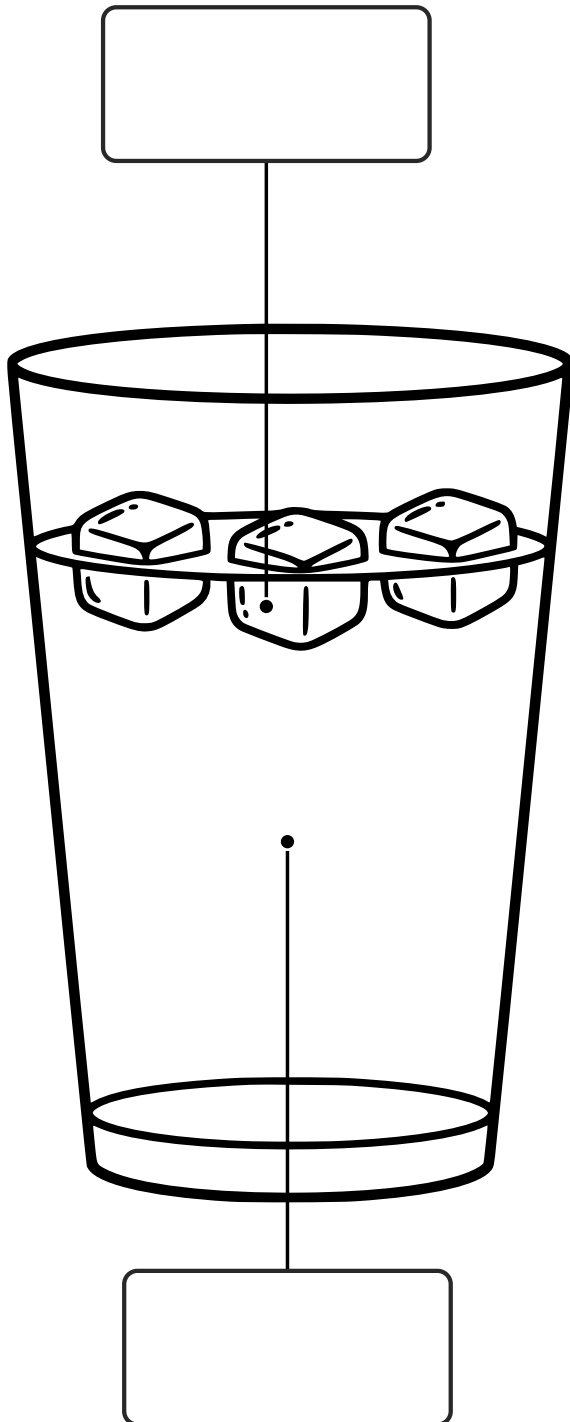


Name _____

Date _____

Label Solid, Liquid, Gas

Write solid, liquid or gas in each box.



Word bank

gas solid liquid

Label Solid, Liquid, Gas

The labels filled in.

