

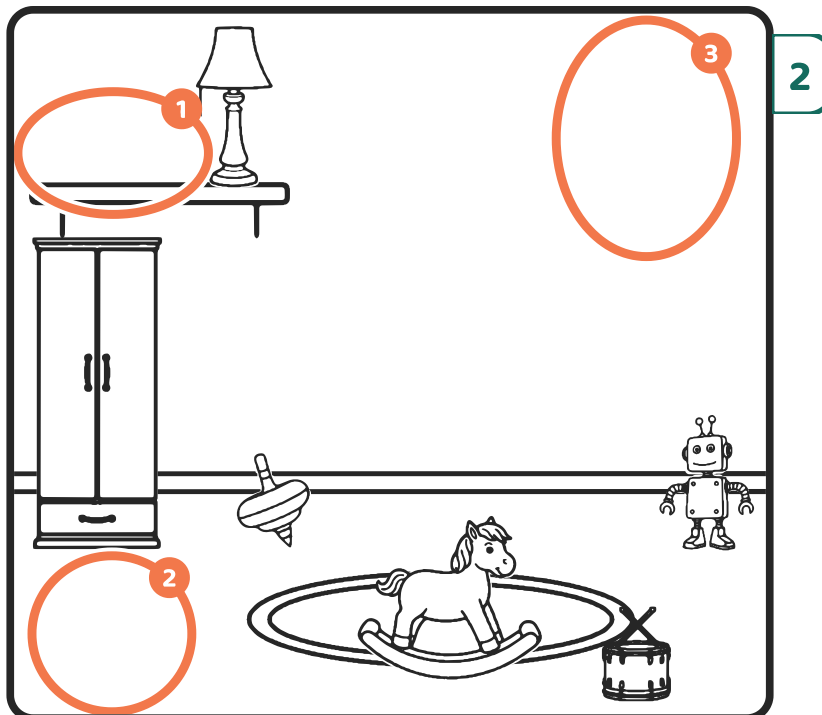
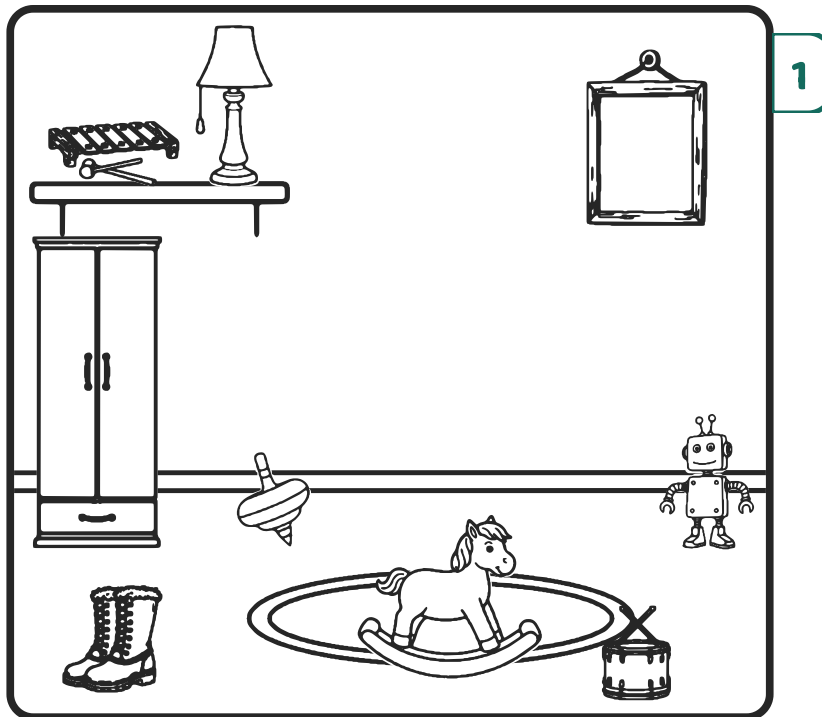
# What Is Missing?

## — Answer key

Name: \_\_\_\_\_ Date: \_\_\_\_\_



Circle the 3 empty places in the bottom picture where something from the top picture is missing, and tick a box for each.



|   |                                     |
|---|-------------------------------------|
| 1 | <input checked="" type="checkbox"/> |
| 2 | <input checked="" type="checkbox"/> |
| 3 | <input checked="" type="checkbox"/> |