

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

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

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### (State all operations)

Write the following operations in the boxes below:

1. Addition

2. Subtraction

3. Multiplication

4. Division

5. Fractions

6. Decimals

7. Percentages

8. Integers

9. Algebra

10. Geometry

11. Statistics

12. Probability

13. Trigonometry

14. Calculus

Teacher's Signature