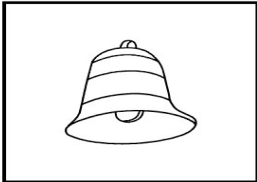


Name _____

Date _____

Science Worksheet
LIGHT & SOUND

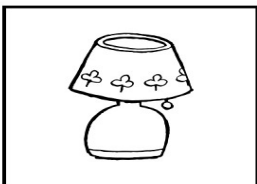
Check off if the object is a light source or a sound source or both.



Sound source

Light source

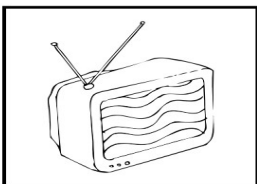
Both



Sound source

Light source

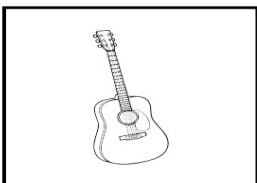
Both



Sound source

Light source

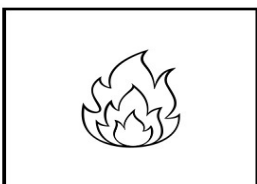
Both



Sound source

Light source

Both



Sound source

Light source

Both