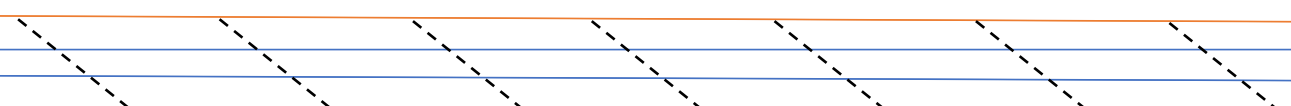
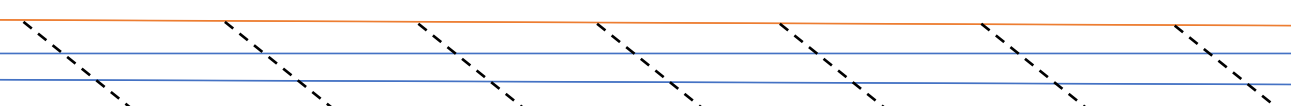
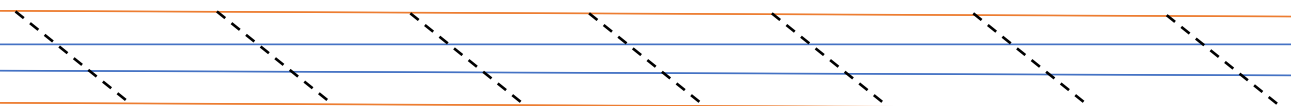
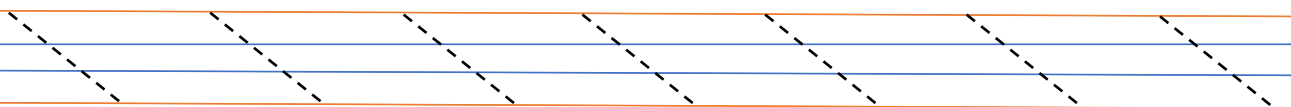
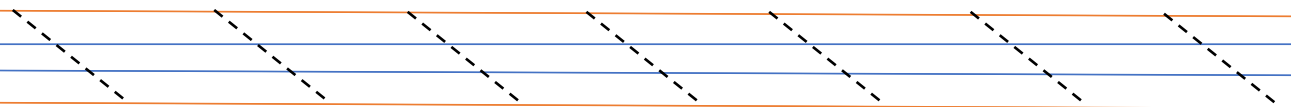
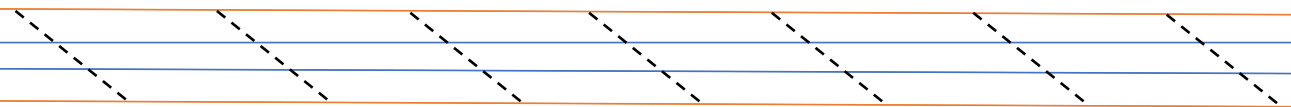
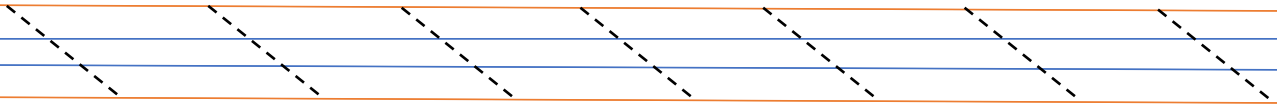
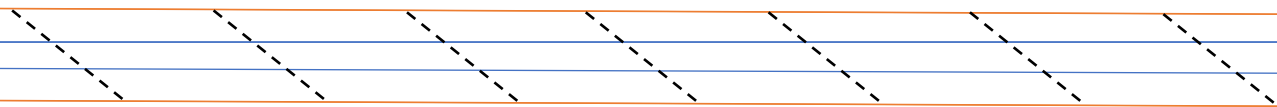
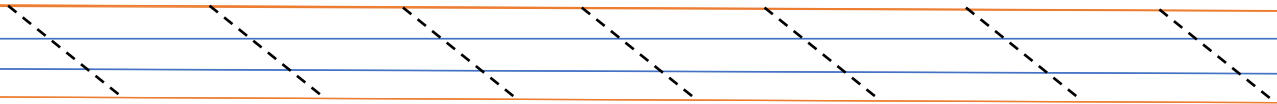
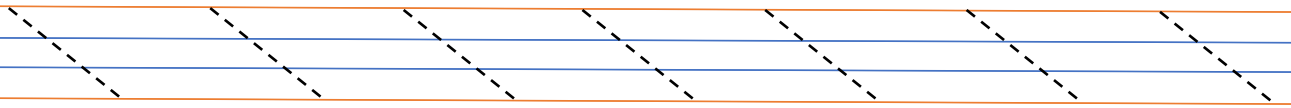


Practice Sheet – Slanting Lines Left

Name: _____

Date: _____

Class: _____ Sec: _____



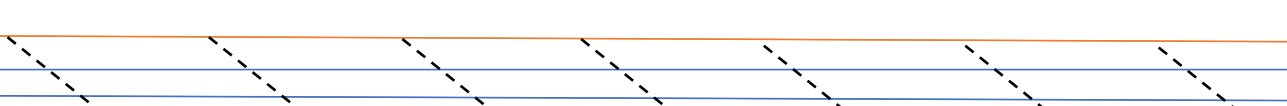
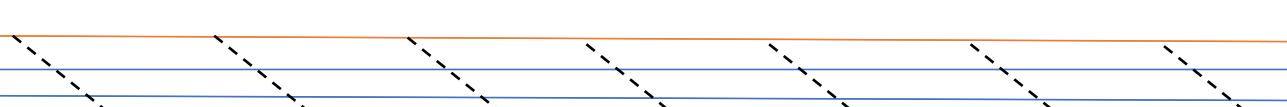
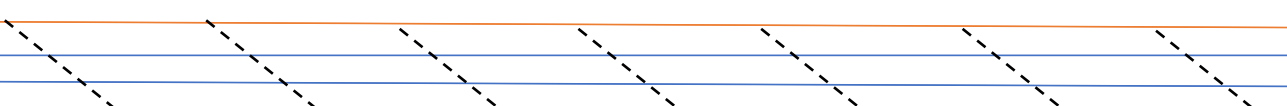
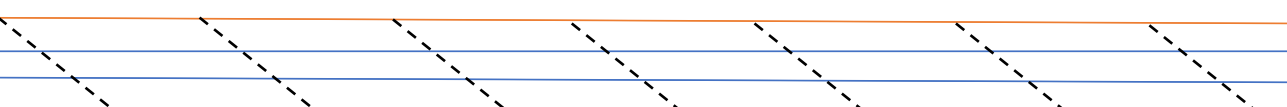
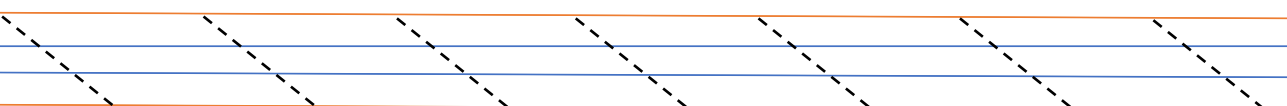
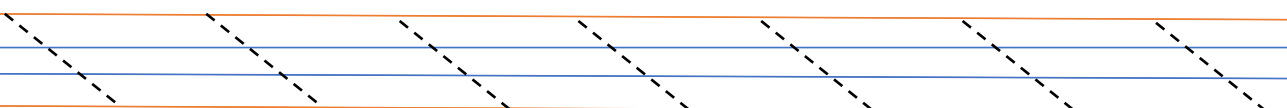
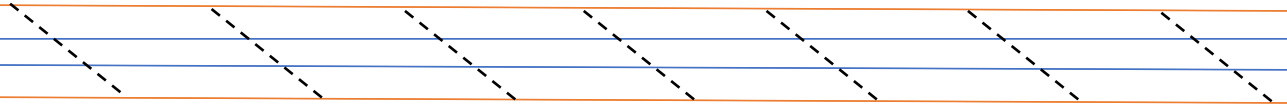
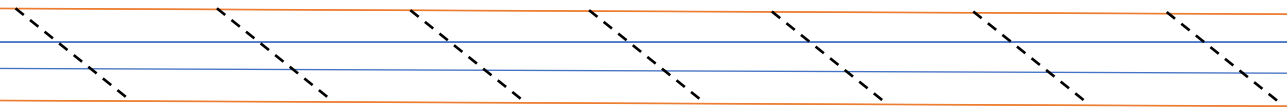
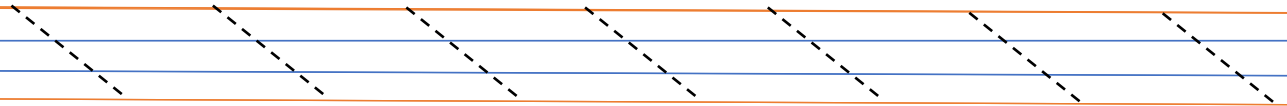
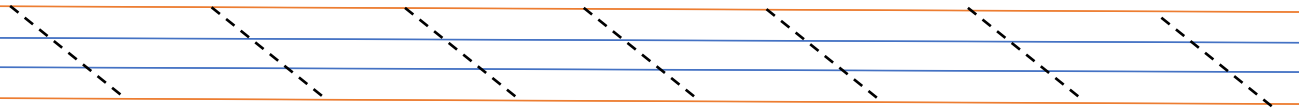
Teacher's Signature _____

Practice Sheet – Slanting Lines Left

Name: _____

Date: _____

Class: _____ Sec: _____



Teacher's Signature _____