

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

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

# SORTING BY MATERIAL

*Cut out the items at the bottom and paste them into the correct material box.*

| WOOD 🪵 |
|--------|
|        |

| METAL 🪪 |
|---------|
|         |

| PLASTIC 🍼 |
|-----------|
|           |

| FABRIC 🧶 |
|----------|
|          |

✂️ ----- Cut along the dashed lines ----- ✂️

|                                                                                     |
|-------------------------------------------------------------------------------------|
|  |
| Spoon                                                                               |

|                                                                                     |
|-------------------------------------------------------------------------------------|
|  |
| Chair                                                                               |

|                                                                                       |
|---------------------------------------------------------------------------------------|
|  |
| Socks                                                                                 |

|                                                                                       |
|---------------------------------------------------------------------------------------|
|  |
| Glasses                                                                               |

|                                                                                       |
|---------------------------------------------------------------------------------------|
|  |
| Pencil                                                                                |

|                                                                                       |
|---------------------------------------------------------------------------------------|
|  |
| Shirt                                                                                 |

|                                                                                       |
|---------------------------------------------------------------------------------------|
|  |
| Key                                                                                   |

|                                                                                       |
|---------------------------------------------------------------------------------------|
|  |
| Lotion                                                                                |