

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

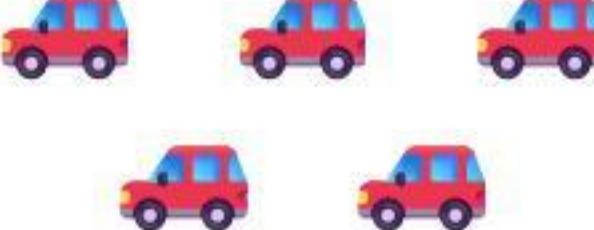
Date: \_\_\_\_\_

## More or Less?

**Directions:** Read the question on the left. Look at the two groups of items. Circle the correct group or check the box underneath it.

<b>WHICH GROUP HAS MORE?</b>	 <input type="checkbox"/>	 <input type="checkbox"/>
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<b>WHICH GROUP HAS LESS?</b>	 <input type="checkbox"/>	 <input type="checkbox"/>
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<b>WHICH GROUP HAS MORE?</b>	 <input type="checkbox"/>	 <input type="checkbox"/>
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<b>WHICH GROUP HAS LESS?</b>	 <input type="checkbox"/>	 <input type="checkbox"/>
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<b>WHICH GROUP HAS MORE?</b>	 <input type="checkbox"/>	 <input type="checkbox"/>
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