

Name: _____

Date: _____

SINK OR FLOAT: BLEND & SEGMENT

Directions: 1. Say the name of the object. 2. Write one letter (or sound) in each box. 3. Drop the item in water. Circle **FLOAT** or **SINK**.

OBJECT	WRITE THE SOUNDS	EXPERIMENT
 APPLE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	 SINK  FLOAT
 LEAF	<input type="text"/> <input type="text"/> <input type="text"/>	 SINK  FLOAT
 ROCK	<input type="text"/> <input type="text"/> <input type="text"/>	 SINK  FLOAT
 PENCIL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	 SINK  FLOAT
 KEY	<input type="text"/> <input type="text"/> <input type="text"/>	 SINK  FLOAT