

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

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

# Material Properties

Look at the object. Check the box if the object matches the property.

| Object                                                                                          |  Hard |  Soft |  Waterproof |  Bendy |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
|  Rock          | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                                                  |
|  Sock        | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                                                  |
|  Metal Spoon | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                                                  |
|  Sponge      | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                                                  |
|  Wooden Log  | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                                                  |
|  Raincoat    | <input type="checkbox"/>                                                                | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                       | <input type="checkbox"/>                                                                  |