

Name: _____

Date: _____

 **MAGNET TEST**

Directions: Test each object with your magnet.
Circle the **Magnet** if it sticks. Circle the **X** if it does not stick.

OBJECT	DID IT STICK?	
	 YES	 NO
	 YES	 NO
	 YES	 NO
	 YES	 NO
	 YES	 NO
	 YES	 NO