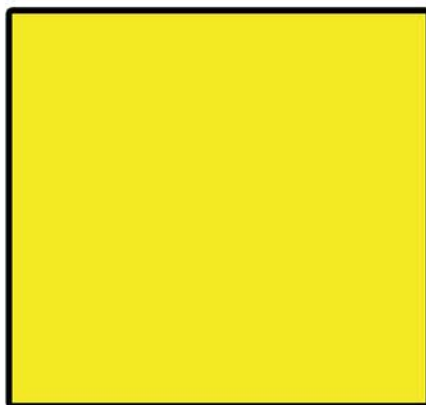



Drawing Shapes

Child's Name: _____ Age: _____ Date: _____

Encourage child to practice drawing the "Squares" in the boxes below.



Square

| | | |
|---|--|--|
|  | | |
| | | |