

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

## Hearing Activity Worksheet

Shaker # 1

Popcorn



Shaker # 2

Rice



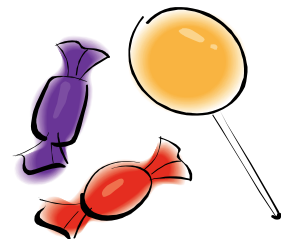
Shaker # 3

Coins



Shaker # 4

Candy



Shaker # 5

Sugar



Shaker # 6

Paper Clips

