




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




# Fall Critter

**NOTE:** In each section, do NOT connect the last point back to first point.

<u>(X, Y)</u>	<u>(X, Y)</u>	<u>(X, Y)</u>	<u>(X, Y)</u>	<u>(X, Y)</u>
<input type="checkbox"/> (9, 26)	<input type="checkbox"/> (22, 18)	<input type="checkbox"/> (19, 5)	<input type="checkbox"/> (18, 35)	<input type="checkbox"/> (12, 7)
<input type="checkbox"/> (7, 26)	<input type="checkbox"/> (19, 20)	<input type="checkbox"/> (22, 6)	<input type="checkbox"/> (15, 32)	<input type="checkbox"/> (14, 7)
<input type="checkbox"/> (5, 25)	<input type="checkbox"/> (15, 20)	<input type="checkbox"/> (25, 8)	<input type="checkbox"/> (14, 29)	<input type="checkbox"/> (15, 6)
<input type="checkbox"/> (3, 23)	<input type="checkbox"/> (13, 22)	<input type="checkbox"/> (27, 13)	<input type="checkbox"/> (14, 26)	
<input type="checkbox"/> (2, 20)	<input type="checkbox"/> (12, 24)	<input type="checkbox"/> (27, 16)	<input type="checkbox"/> (15, 23)	<input type="checkbox"/> (2, 18)
<input type="checkbox"/> (2, 17)	<input type="checkbox"/> (11, 25)	<input type="checkbox"/> (25, 21)	<input type="checkbox"/> (18, 20)	<input type="checkbox"/> (3, 18)
<input type="checkbox"/> (3, 16)	<input type="checkbox"/> (12, 26)	<input type="checkbox"/> (23, 23)		<input type="checkbox"/> (3, 16)
<input type="checkbox"/> (5, 15)	<input type="checkbox"/> (12, 27)	<input type="checkbox"/> (22, 25)		
<input type="checkbox"/> (7, 15)	<input type="checkbox"/> (11, 28)	<input type="checkbox"/> (22, 26)	<input type="checkbox"/> (11, 12)	



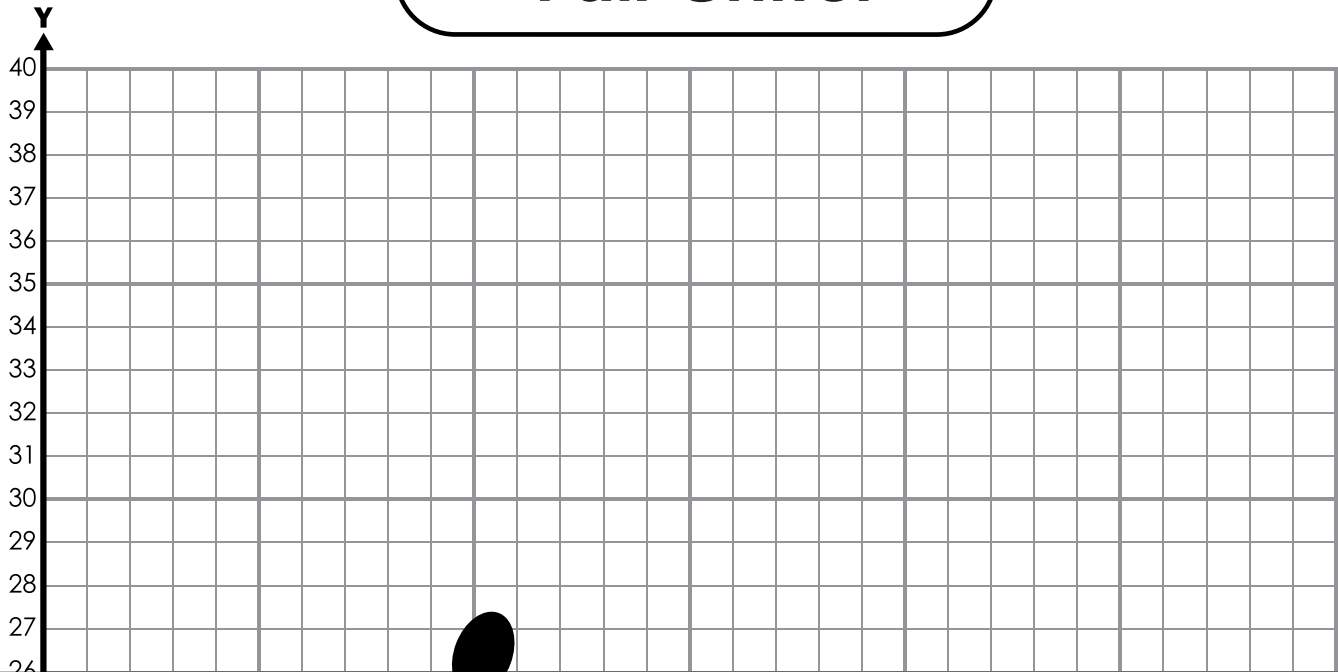
**Preview**  
Please log in to download the printable version of this worksheet.

<input type="checkbox"/> (10, 11)	<input type="checkbox"/> (20, 34)	
<input type="checkbox"/> (11, 12)	<input type="checkbox"/> (24, 35)	
<input type="checkbox"/> (11, 10)	<input type="checkbox"/> (21, 36)	
<input type="checkbox"/> (12, 7)	<input type="checkbox"/> (20, 36)	
<input type="checkbox"/> (11, 7)		
<input type="checkbox"/> (10, 6)		
<input type="checkbox"/> (10, 5)		
<input type="checkbox"/> (19, 5)		
<input type="checkbox"/> (22, 7)		
<input type="checkbox"/> (24, 11)		
<input type="checkbox"/> (24, 15)		
<input type="checkbox"/> (22, 18)		
		

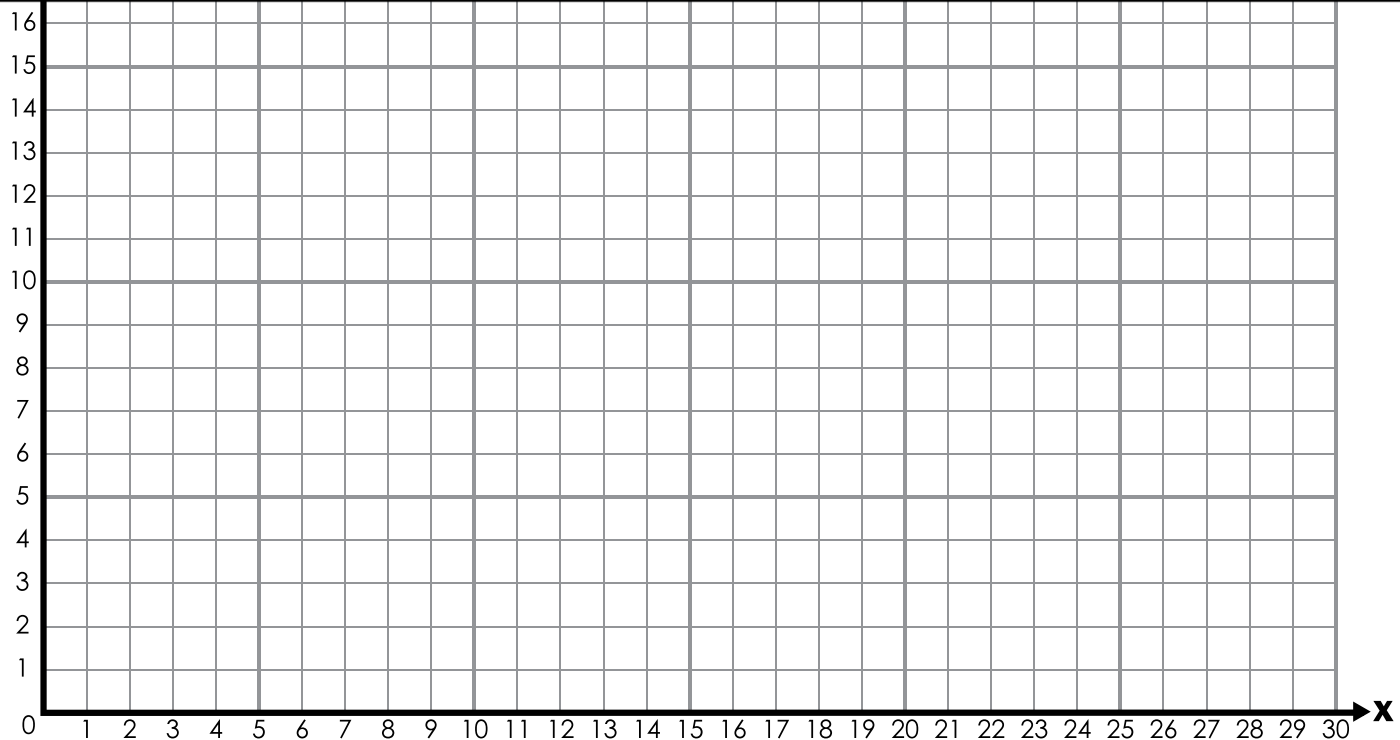
Color the picture once the image is complete.

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

# Fall Critter

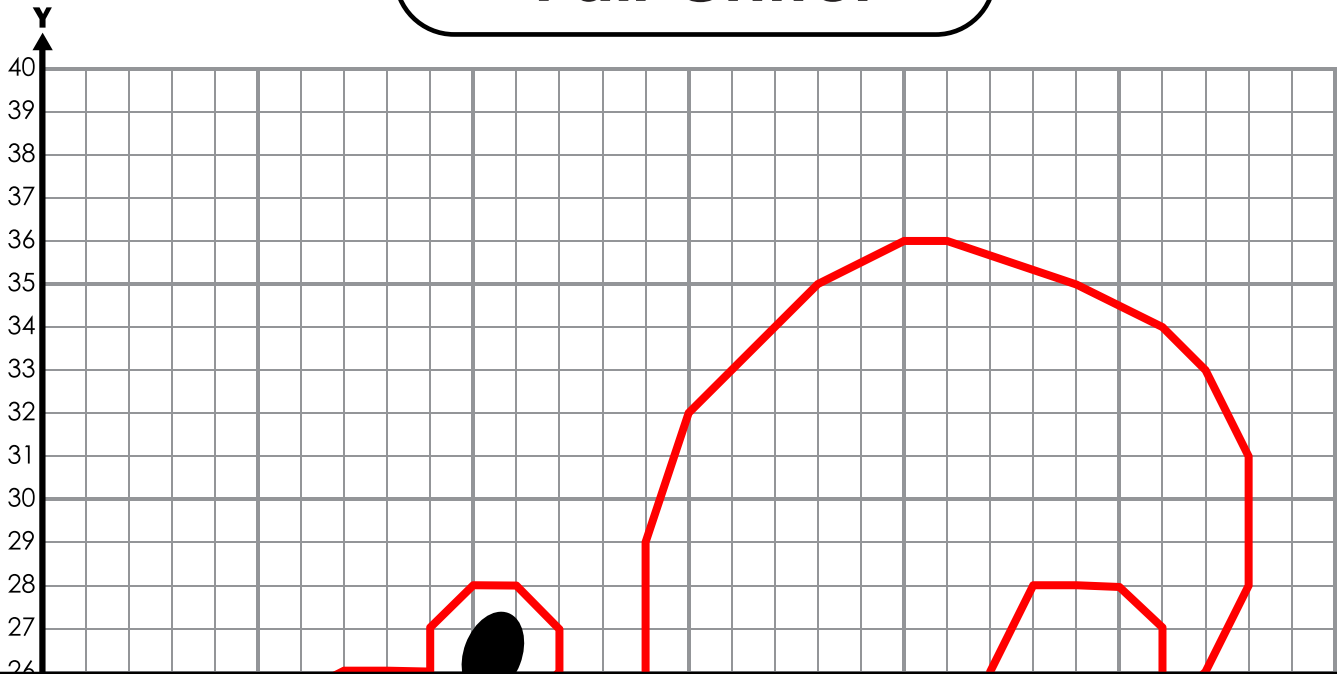


**Preview**  
Please log in to download the printable version of this worksheet.



# ANSWER KEY

## Fall Critter



# Preview

Please log in to download the printable version of this worksheet.

