

Name \_\_\_\_\_

Date \_\_\_\_\_

**Visual Estimation- Independent Practice Worksheet Answer Key**

1. c

2. b

3. b

4. b

5. d

6. c

7. c

8. b

9. a

10. b



Name \_\_\_\_\_

Date \_\_\_\_\_

## Visual Estimation- Matching Worksheet Answer Key

1-20

2-10

3-15

4-25

5-8

6-6

7-12

