Name: _____ Date: _____

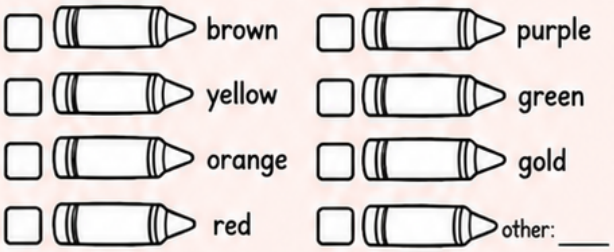
ALL ABOUT MY LEAF

1. GLUE YOUR LEAF HERE

2. THE SIZE OF MY LEAF IS

☐ small ☐ medium ☐ large

3. THE COLOR OF MY LEAF IS



☐ brown ☐ purple
☐ yellow ☐ green
☐ orange ☐ gold
☐ red ☐ other: ____

4. THE SHAPE OF MY LEAF IS

☐ long and thin ☐ heart-shaped ☐ oval ☐ lobed ☐ pointed ☐ round

5. MY LEAF FEELS

☐ smooth ☐ rough

6. DRAW MY LEAF

7. I THINK MY LEAF IS FROM...

Maple Oak Birch Beech

☐ ☐ ☐ ☐