

Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Tick (✓) the next pattern.

1. 4 4 4 7
4 4 4 4 7
4 4 4 4 4 7

<input type="checkbox"/>	4 4 4 4 4 7
<input type="checkbox"/>	4 4 4 4 4 4 7
<input type="checkbox"/>	4 4 4 4 7

2. 1 1 1 1 2
1 1 1 1 1 2
1 1 1 1 1 1 2

<input type="checkbox"/>	1 1 1 2
<input type="checkbox"/>	1 1 1 1 1 2
<input type="checkbox"/>	1 1 1 1 1 1 1 2