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

Survey Question: What is your favorite ice cream?

Use tally marks to record your data.

Chocolate Vanilla Strawberry

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Survey Question: What color eyes do you have?

Use tally marks to record your data.

Blue Green Brown

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| --- | --- | --- |
|  |  |  |

Survey Question: What is your favorite meal?

Use tally marks to record your data.

Breakfast Lunch Dinner

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| --- | --- | --- |
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