Name: Date:

After lifting three different objects, place them in order from lightest to heaviest.

**Estimated weight**

|  |  |  |
| --- | --- | --- |
| **Lightest** | **In-between** | **Heaviest** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Actual weight**

|  |  |  |
| --- | --- | --- |
| **Lightest** | **In-between** | **Heaviest** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |