

# True or False? Color the Box.

Name:

Surname:



- true  - false

1	>	6	<input type="checkbox"/>
---	---	---	--------------------------

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

3	<	7	<input type="checkbox"/>
---	---	---	--------------------------

8	>	9	<input type="checkbox"/>
---	---	---	--------------------------

6	<	4	<input type="checkbox"/>
---	---	---	--------------------------

7	=	6	<input type="checkbox"/>
---	---	---	--------------------------

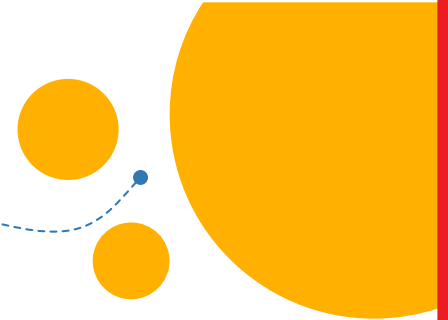
1	<	9	<input type="checkbox"/>
---	---	---	--------------------------

5	<	7	<input type="checkbox"/>
---	---	---	--------------------------

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

3	>	5	<input type="checkbox"/>
---	---	---	--------------------------

4	<	1	<input type="checkbox"/>
---	---	---	--------------------------

6	>	2	<input type="checkbox"/>
---	---	---	--------------------------

3	>	2	<input type="checkbox"/>
---	---	---	--------------------------

6	<	1	<input type="checkbox"/>
---	---	---	--------------------------

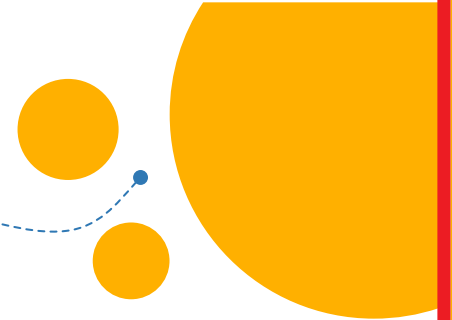
4	>	3	<input type="checkbox"/>
---	---	---	--------------------------

3	>	7	<input type="checkbox"/>
---	---	---	--------------------------

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9	>	2	<input type="checkbox"/>
---	---	---	--------------------------

6	=	6	<input type="checkbox"/>
---	---	---	--------------------------

3	<	8	<input type="checkbox"/>
---	---	---	--------------------------

2	<	4	<input type="checkbox"/>
---	---	---	--------------------------

5	>	9	<input type="checkbox"/>
---	---	---	--------------------------

6	>	1	<input type="checkbox"/>
---	---	---	--------------------------

6	>	8	<input type="checkbox"/>
---	---	---	--------------------------

7	<	3	<input type="checkbox"/>
---	---	---	--------------------------

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10	<	8	<input type="checkbox"/>
----	---	---	--------------------------

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

7	=	8	<input type="checkbox"/>
---	---	---	--------------------------

4	<	5	<input type="checkbox"/>
---	---	---	--------------------------

4	>	2	<input type="checkbox"/>
---	---	---	--------------------------

8	>	7	<input type="checkbox"/>
---	---	---	--------------------------

1	<	0	<input type="checkbox"/>
---	---	---	--------------------------

4	<	3	<input type="checkbox"/>
---	---	---	--------------------------

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0	<	1	<input type="checkbox"/>
---	---	---	--------------------------

3	<	6	<input type="checkbox"/>
---	---	---	--------------------------

5	>	4	<input type="checkbox"/>
---	---	---	--------------------------

1	>	5	<input type="checkbox"/>
---	---	---	--------------------------

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

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

9	>	2	<input type="checkbox"/>
---	---	---	--------------------------

7	<	10	<input type="checkbox"/>
---	---	----	--------------------------