

الصف الخامس :ورقة عمل علاجية 10

جمع الكسور + طرح الكسور

* Required

* This form will record your name, please fill your name.

1

* الاسم

2

Question * (1 Point)

- ☐ a
- ☐ b
- ☐ c
- ☐ d

3

Question * (1 Point)

- ☐ a
- ☐ b
- ☐ c
- ☐ d

4

Question * (1 Point)

- ☐ a
- ☐ b
- ☐ c
- ☐ d

5

Question * (1 Point)

- ☐ a
- ☐ b
- ☐ c
- ☐ d

6

Question * (1 Point)

- ☐ a
- ☐ b
- ☐ c
- ☐ d

7

Question * (1 Point)

- ☐ a
- ☐ b
- ☐ c
- ☐ d

8

Question * (1 Point)

- ☐ a
- ☐ b
- ☐ c
- ☐ d

9

Question * (1 Point)

- ☐ a
- ☐ b
- ☐ c
- ☐ d

10

Question * (1 Point)

- ☐ a
- ☐ b
- ☐ c
- ☐ d

11

Question * (1 Point)

☐ a☐ b☐ c☐ d

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 Microsoft Forms