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