



Name _____ Class _____ Date _____

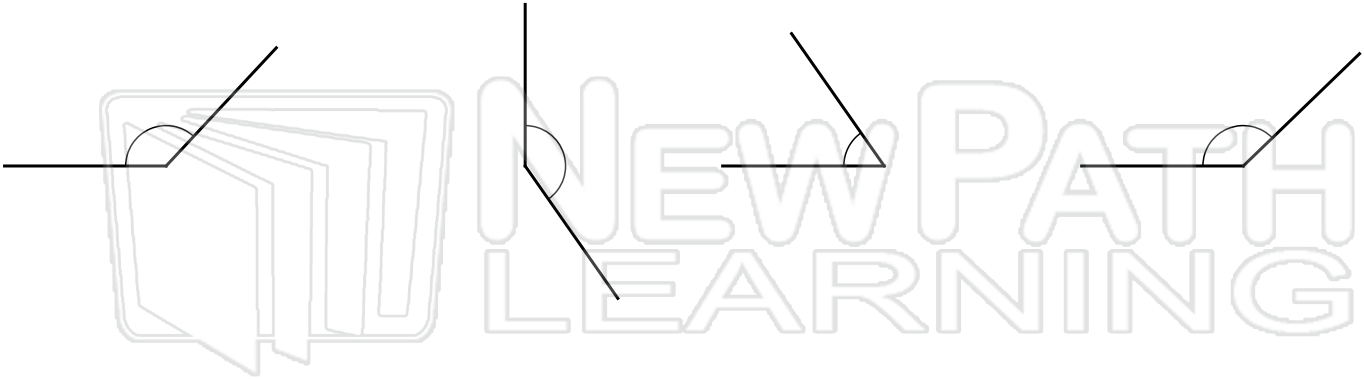
Acute

Right

Obtuse

Straight

Reflex



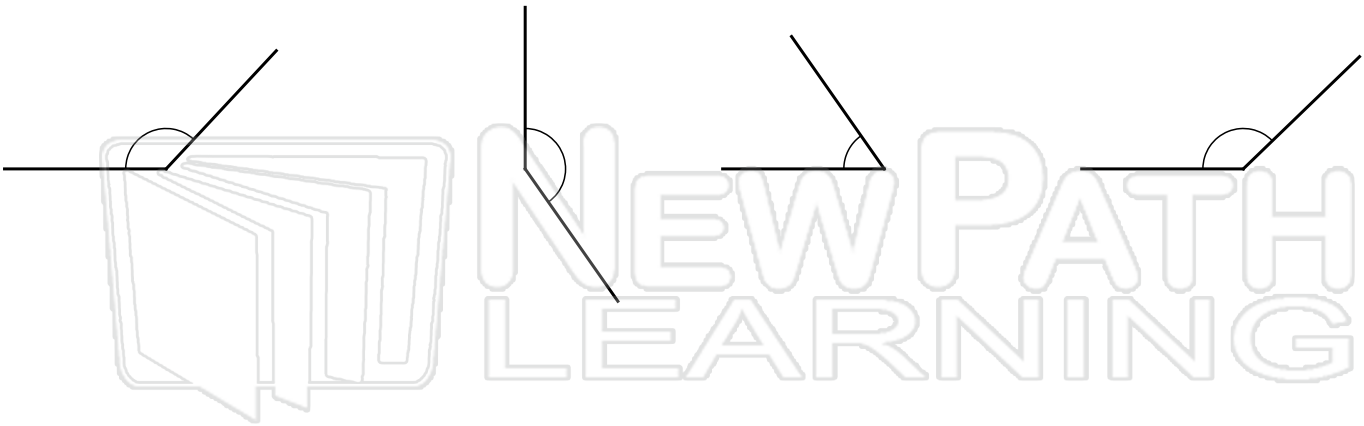
PREVIEW

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ANSWER KEY



PREVIEW

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Acute

Acute

Right

Right