GEOMETRY · YEAR 1

Complete the Shape Patterns

Name: _____ **Date:** _____

Look carefully at the order. Draw the next shapes in the empty boxes.

1 Pattern 1

Continue the pattern



2 Pattern 2

Continue the pattern



3 Pattern 3

Continue the pattern



4 Pattern 4

Continue the pattern



5 Pattern 5

Continue the pattern



6 Pattern 6

Continue the pattern



☐ **I checked my patterns.**

Do the shapes repeat in the same order?