






Name: \_\_\_\_\_

Independent / Some adult support / A lot of adult support

Date \_\_\_\_\_

T: use cups to measure capacity

| Container   | Guess      | When I measured |
|---|------------|-----------------|
|    | _____ cups | _____ cups      |
|   | _____ cups | _____ cups      |
|  | _____ cups | _____ cups      |
|  | _____ cups | _____ cups      |
|  | _____ cups | _____ cups      |