

# EVALUATIONS FORMES & COULEURS

PRENOM :

|               |                     |  |  |  |  |  |  |  |  |  |  |
|---------------|---------------------|--|--|--|--|--|--|--|--|--|--|
| <b>FORMES</b> | DATES / INTERVENANT |  |  |  |  |  |  |  |  |  |  |
|               | carré               |  |  |  |  |  |  |  |  |  |  |
|               | rectangle           |  |  |  |  |  |  |  |  |  |  |
|               | triangle            |  |  |  |  |  |  |  |  |  |  |
|               | cercle              |  |  |  |  |  |  |  |  |  |  |
|               | ovale               |  |  |  |  |  |  |  |  |  |  |
|               | étoile              |  |  |  |  |  |  |  |  |  |  |
|               | lune                |  |  |  |  |  |  |  |  |  |  |
|               | croix               |  |  |  |  |  |  |  |  |  |  |
|               | losange             |  |  |  |  |  |  |  |  |  |  |
|               | ...                 |  |  |  |  |  |  |  |  |  |  |
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|                 |                     |  |  |  |  |  |  |  |  |  |  |
|-----------------|---------------------|--|--|--|--|--|--|--|--|--|--|
| <b>COULEURS</b> | DATES / INTERVENANT |  |  |  |  |  |  |  |  |  |  |
|                 | rouge               |  |  |  |  |  |  |  |  |  |  |
|                 | bleu                |  |  |  |  |  |  |  |  |  |  |
|                 | jaune               |  |  |  |  |  |  |  |  |  |  |
|                 | noir                |  |  |  |  |  |  |  |  |  |  |
|                 | blanc               |  |  |  |  |  |  |  |  |  |  |
|                 | orange              |  |  |  |  |  |  |  |  |  |  |
|                 | violet              |  |  |  |  |  |  |  |  |  |  |
|                 | rose                |  |  |  |  |  |  |  |  |  |  |
|                 | vert                |  |  |  |  |  |  |  |  |  |  |
|                 | marron              |  |  |  |  |  |  |  |  |  |  |
|                 | gris                |  |  |  |  |  |  |  |  |  |  |
| ...             |                     |  |  |  |  |  |  |  |  |  |  |
|                 |                     |  |  |  |  |  |  |  |  |  |  |