

Name : _____

Date : _____

Count and write the total number in the blank.

How Many?

	<input style="width: 40px; height: 40px;" type="text"/>		<input style="width: 40px; height: 40px;" type="text"/>		<input style="width: 40px; height: 40px;" type="text"/>		<input style="width: 40px; height: 40px;" type="text"/>		<input style="width: 40px; height: 40px;" type="text"/>
	<input style="width: 40px; height: 40px;" type="text"/>		<input style="width: 40px; height: 40px;" type="text"/>		<input style="width: 40px; height: 40px;" type="text"/>		<input style="width: 40px; height: 40px;" type="text"/>		<input style="width: 40px; height: 40px;" type="text"/>