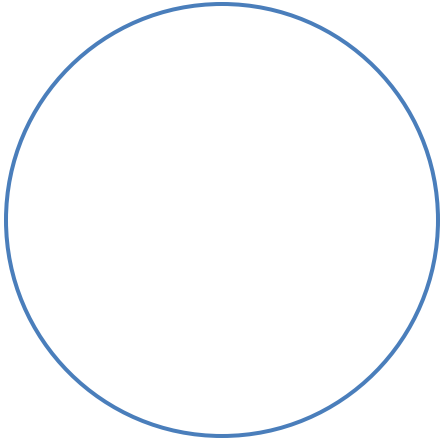


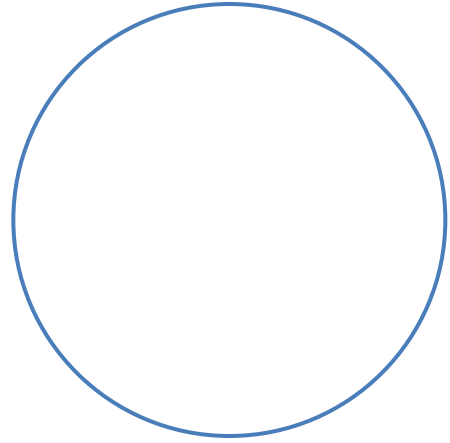
Name: _____

Bubble Observation Recording Sheet

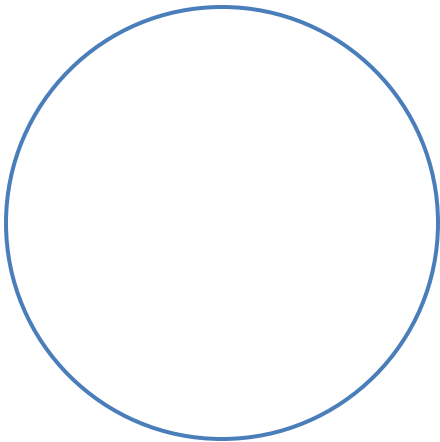
Please label your drawing. Is it the top view or side view?



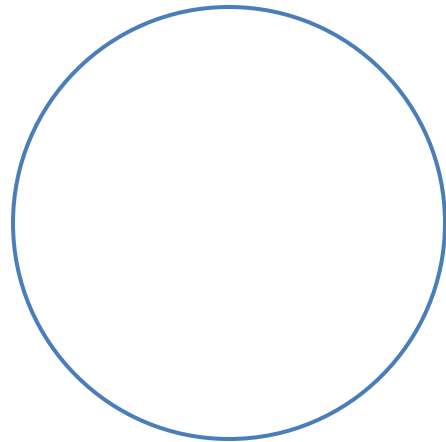
Time Elapsed: _____



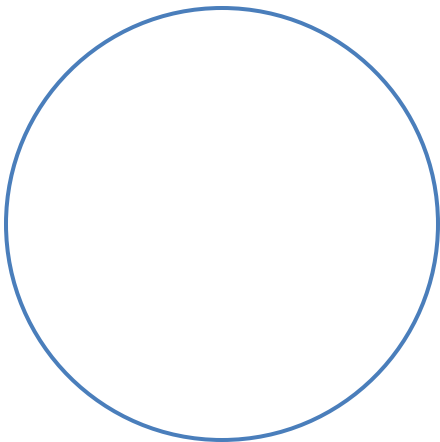
Time Elapsed: _____



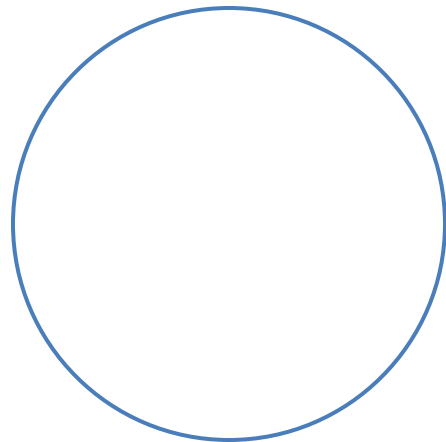
Time Elapsed: _____



Time Elapsed: _____



Time Elapsed: _____



Time Elapsed: _____