Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_ #\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electricity Test – Answer Document



1. 2. 3. 4.



5.

6. Write your response to question 6 in the space below.



7. 8.

9. Write your response to question 9 in the space below.



10. 11. 12. 13.



14. 15. 16. 17.



18.