

Chemistry CP

Name: _____

Pair Tutoring Sheet—More Elements

Section: _____

Directions:

1. Review the terms and definitions for five minutes.
2. Ask someone to quiz you by giving the symbol for each element. You will say the name that matches that symbol.
3. If your response is correct, put a check in the box next to that term. If your answer is incorrect, put a minus in the box, and the person quizzing you should explain why the answer is incorrect.
4. Repeat steps 1-3 with a new partner. This time, have your partner give you the element, and you give the symbol. Repeat this process until three checks in a row are completed for each item.
5. Use the shaded boxes to practice the spelling of each element name in the same way.
6. Have each partner sign his or her name, with a compliment.

Symbol	Responses	Element
Kr	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Krypton
Xe	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Xenon
Rn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Radon
Au	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gold
Ag	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Silver
Rb	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rubidium
Cs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cesium
Br	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bromine
I	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Iodine
Pb	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lead

Partner: _____ Compliment: _____

Partner: _____ Compliment: _____

Partner: _____ Compliment: _____