Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle if each problem will be greater or less than 10 + 5.

8 + 3 GREATER than 10 + 5 LESS than 10 + 5

7 + 10 GREATER than 10 + 5 LESS than 10 + 5

5 + 9 GREATER than 10 + 5 LESS than 10 + 5

9 + 9 GREATER than 10 + 5 LESS than 10 + 5

Choose one problem above.

Use pictures, numbers, or words to explain your thinking.