

Name _____ Date _____

Measurement
Unit 1 Line Master 4

Measuring Volume

Part A

| Box | Estimate | Actual |
|-----|----------|--------|
| | | |
| | | |

Part B

| Box | Estimate | Cubes in Bottom Layer | Number of Layers | Volume |
|-----|----------|-----------------------|------------------|--------|
| | | | | |
| | | | | |
| | | | | |

Order from least to greatest volume: