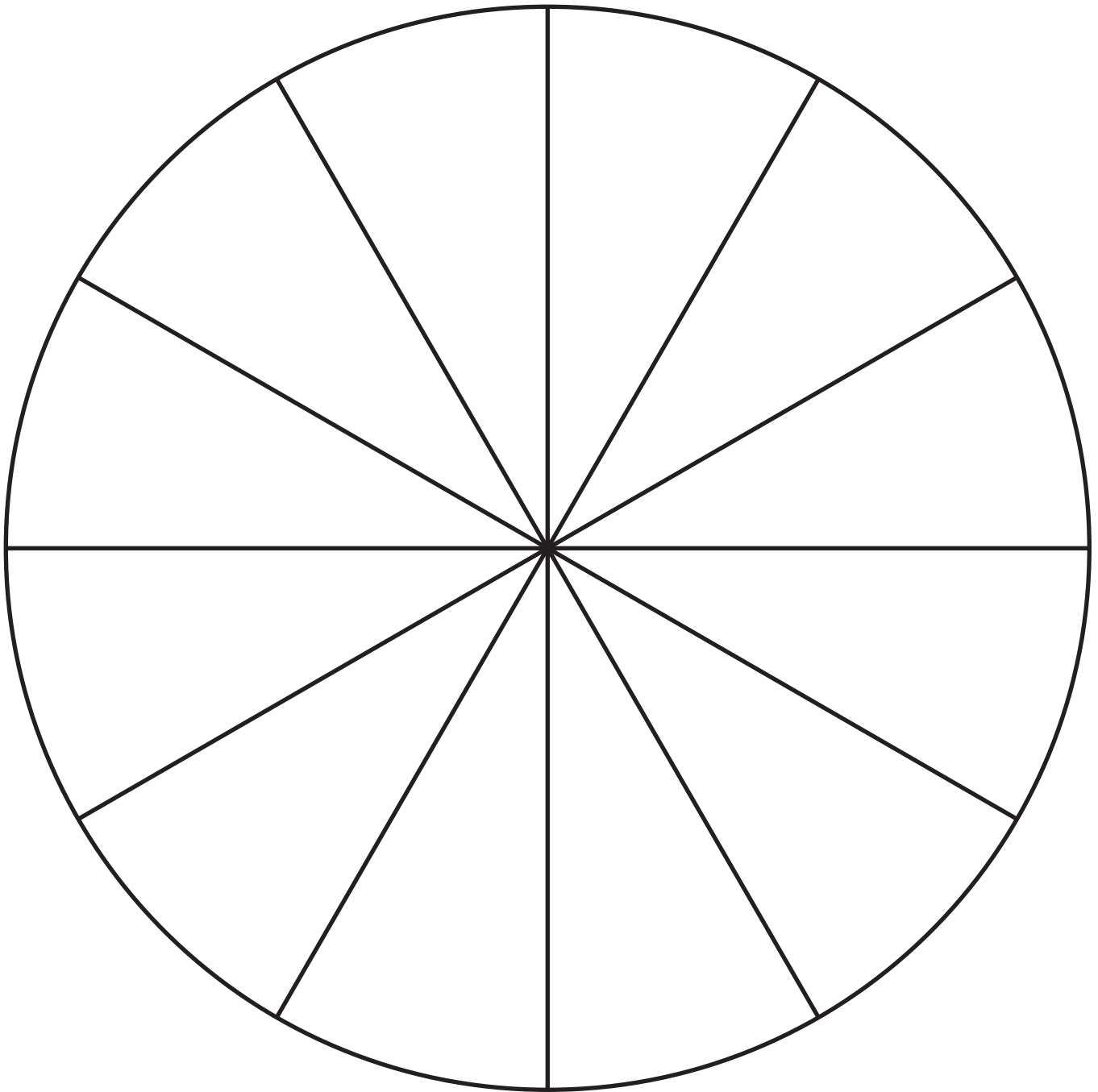


NAME \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_

PERIOD \_\_\_\_

# COLOR WHEEL



Using the Hand-Out please fill in the Color wheel. Identify the Following:

Primary Colors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Secondary Colors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Analogous Colors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complimentary Colors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tertiary Colors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_