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

Circulatory System Stations

**Watch It:**

|  |  |
| --- | --- |
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 |  |

**Explore It:**

|  |  |
| --- | --- |
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 4 | 8 |

**Read It:**

1.

2.

3.

**Organize it:**

Teacher Initial-

**Draw It:**



**Research It:**

Arteries:

Veins:

Capillaries:

**Assess It:**

Answer the Regents questions at your seat after you have visited all of the other stations. If your seat is occupied by a station, please sit elsewhere.