

NAME: _____ DATE: _____ PERIOD: _____

Key Characteristics

Igneous	Sedimentary	Metamorphic

Rock #	Type	How do you know?
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Key Characteristics

Luster	
Cleavage/ Fracture	
Streak	
Hardness	

Mineral #	Luster	Cleavage/ Fracture	Streak	Hardness
1	<input type="checkbox"/> Metallic <input type="checkbox"/> Nonmetallic	<input type="checkbox"/> Cleavage <input type="checkbox"/> Fracture	<input type="checkbox"/> Colored <input type="checkbox"/> None/White	<input type="checkbox"/> Harder <input type="checkbox"/> Softer
2	<input type="checkbox"/> Metallic <input type="checkbox"/> Nonmetallic	<input type="checkbox"/> Cleavage <input type="checkbox"/> Fracture	<input type="checkbox"/> Colored <input type="checkbox"/> None/White	<input type="checkbox"/> Harder <input type="checkbox"/> Softer
3	<input type="checkbox"/> Metallic <input type="checkbox"/> Nonmetallic	<input type="checkbox"/> Cleavage <input type="checkbox"/> Fracture	<input type="checkbox"/> Colored <input type="checkbox"/> None/White	<input type="checkbox"/> Harder <input type="checkbox"/> Softer
4	<input type="checkbox"/> Metallic <input type="checkbox"/> Nonmetallic	<input type="checkbox"/> Cleavage <input type="checkbox"/> Fracture	<input type="checkbox"/> Colored <input type="checkbox"/> None/White	<input type="checkbox"/> Harder <input type="checkbox"/> Softer
5	<input type="checkbox"/> Metallic <input type="checkbox"/> Nonmetallic	<input type="checkbox"/> Cleavage <input type="checkbox"/> Fracture	<input type="checkbox"/> Colored <input type="checkbox"/> None/White	<input type="checkbox"/> Harder <input type="checkbox"/> Softer