

Name: _____ Date: _____

Ideal Gas Game Sheet:

- Number of particles: _____
- Time between turns: _____
- Volume (# of squares): _____
- Starting Direction: _____

Tally count for your "collisions":

1. What was the final number of collisions that your particle experienced? _____
2. What direction was your particle moving at the end of the game? _____

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Tally count for your "collisions":

3. What was the final number of collisions that your particle experienced? _____
4. What direction was your particle moving at the end of the game? _____