

Date: _____

Name: _____

1.- Draw the numbers.

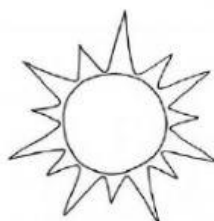


three	six	one	four	two	five

2.- Color the name of each body part.

eyes	hand	nose	tongue	ear	nose	ear	eyes	hand	tongue

3.- Color the objects that begin with sound S.



4.- Cross out the drawing that doesn't belong.

see			
hear			
smell			
touch			
taste			