Name : _____ Class : _____

# RESPOND TO STIMULI

**Complete the table below.**

Loud noise | Nose | Closing the ears with hands | Tongue | Skin

Eyes | Closing the nose with hands | Pulling the hand away from the sharp

Food taste | Bright light

| Situation | Stimulus | Sensory Organ | Response |
|---|---|---|---|
| | Bad smell | | |
| | | Ear | |
| | | | Closing the eyes with hands |
| | Sharp thorn | | |
| | | | Tasting the food that being cooked if tastes good or not |

LIVEWORKSHEETS