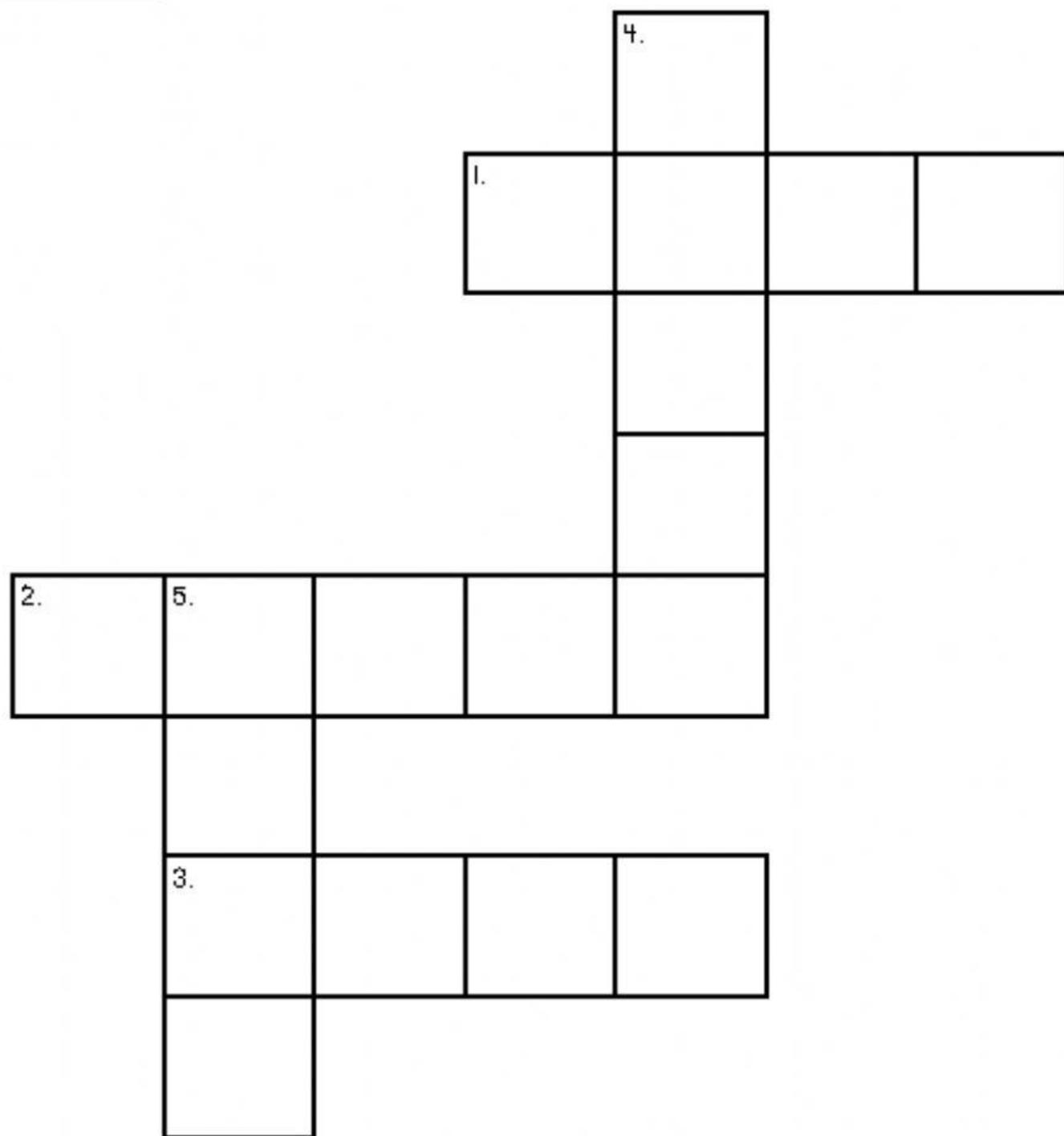


Name: _____

Day: MondayClass: AlphaDate: 30 August 2021Fill in the blanks**Across →**

1. I smell with my _____.
2. I chew with my _____.
3. I listen with my _____.

Down ↓

4. I speak with my _____.
5. I see with my _____.