Name G.2/ No.

5 Senses

Please choose the correct answer.
ให้นักเรียนเลือกคำตอบเติมให้ถูกต้อง

I _____ with my _____.

I _____ with my _____.

I _____ with my _____.

I _____ with my _____.

I _____ with my _____.

touch	hear	see	taste	smell
ears	hands	tongue	eyes	nose

LIVEWORKSHEETS