

Name: _____

My Five Senses

Skill a: I can use my sense of sight

Skill b: I can use my sense of taste

Skill c: I can use my sense of smell

Skill d: I can use my sense of touch

Skill e: I can use my sense of sound



I can taste with my _____

I can smell with my _____

I can touch with my _____

I can hear with my _____

I can see with my _____

