

Tongue to Taste

Name: _____

Due Date: _____

Arrange the foods in the correct group.



chips



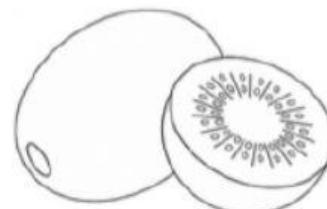
bitter gourd



candy



salt



kiwi



ice-cream



coffee



lemon

sour	sweet	salty	bitter