

Tongue to Taste

Name: _____

Due Date: _____

Arrange the foods in the correct group.



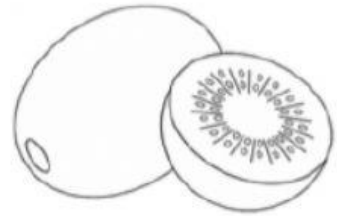
chips



bitter gourd



salt



kiwi



candy



ice-cream



lemon



coffee

| sour | sweet | salty | bitter |
|------|-------|-------|--------|
| | | | |