

Name: _____

Class: II-A

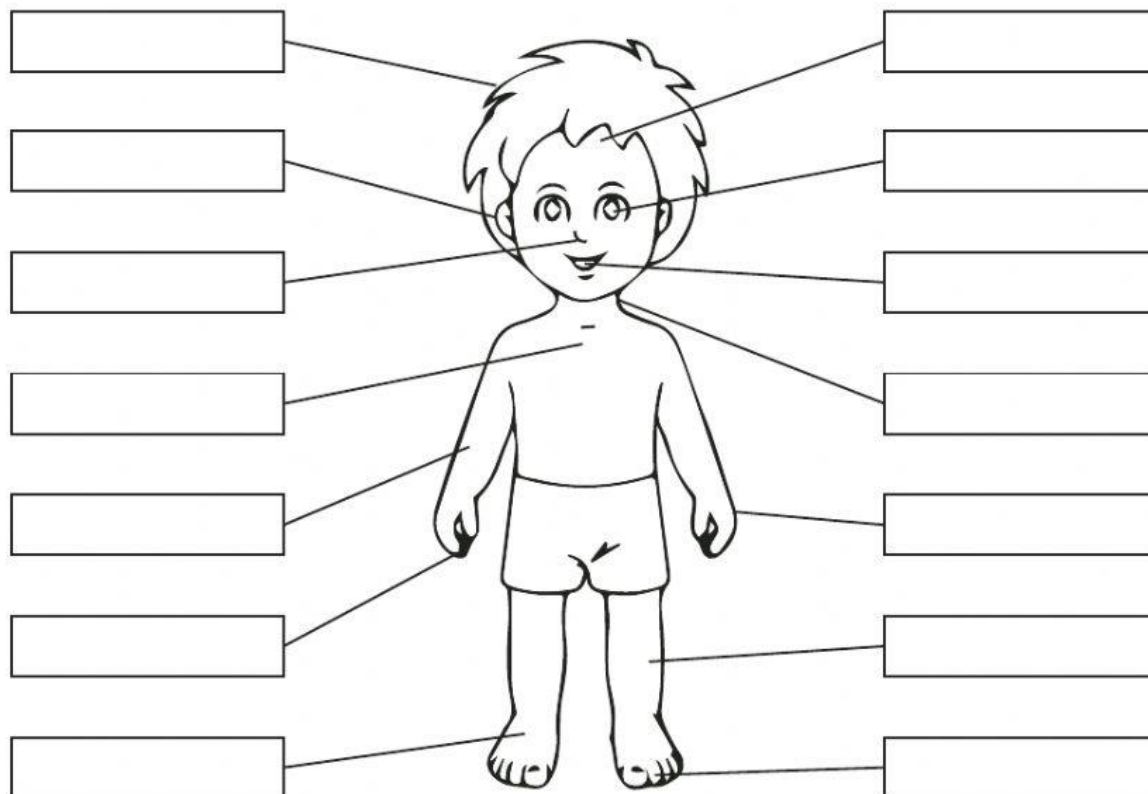
Roll No. _____

Dated ____ - ____ - ____

SCIENCE WORK SHEET

Name the body parts

Head	Mouth	Chest	Fingers	Arm	Foot	Hair
Nose	Eyes	Ear	Leg	Hand	Toes	Neck



The Five Senses

We _____ with our 

We _____ with our 

We _____ with our 

We _____ with our 

We _____ with our 

listen	see	touch
taste	smell	

Teacher: Pooja Rani Bandhu