Name : _____ Class : _____

RESPOND TO STIMULI

Complete the table below.

Loud noise	Nose	Closing the ears with hands	Tongue	Skin
Eyes	Closing the nose with hands	Pulling the hand away from the sharp		
	Food taste	Bright light		

Situation	Stimulus	Sensory Organ	Response
	Bad smell		
		Ear	
			Closing the eyes with hands
	Sharp thorn		
			Tasting the food that being cooked if tastes good or not