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

LIVEWORKSHEETS