

Name

G.2/

No.



# 5 Senses

Please choose the correct answer.

ให้นักเรียนเลือกคำตอบที่ถูกต้อง



I \_\_\_\_\_ with my \_\_\_\_\_.



I \_\_\_\_\_ with my \_\_\_\_\_.



I \_\_\_\_\_ with my \_\_\_\_\_.



I \_\_\_\_\_ with my \_\_\_\_\_.



I \_\_\_\_\_ with my \_\_\_\_\_.

touch

hear

see

taste

smell

ears

hands

tongue

eyes

nose