

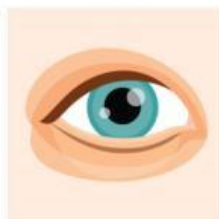
Name: _____

MY FIVE SENSES

Direction: Circle the item that you smell, see, touch, hear, and taste in each column.



SMELL



SIGHT



TOUCH



HEARING



TASTE

