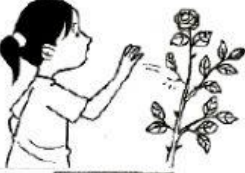


Name : \_\_\_\_\_ Class : \_\_\_\_\_

## 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 |