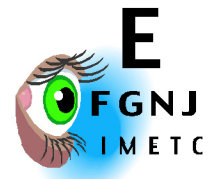


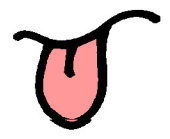
Name: _____

Your Senses

Directions: Look at the pictures in each row.
Draw a picture in the box that shows each sense you would use.



Eye :sense of sight



Tongue:sense of taste



Hand:sense of touch



Tongue:sense of hearing



Ear:sense of smell

