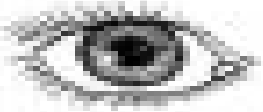
Name : _____

Date : _____

* Cut and paste to complete the sentences. Color.

MY FIVE SENSES



I see with my : .....

I hear with my: .....

I taste with my: .....

I Touch with my: .....

I Smell with my: .....

mouth eyes nose ears hands