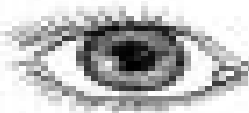


Name : _____

Date : _____

• Cut and paste to complete the sentences. Color.

MY FIVE SENSES



I see with my :



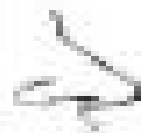
I hear with my



I taste with my:



I Cough with my



I Sniff with my:

mouth

eyes

nose

ears

hands