

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

# Signs of Fall



Write down several things that you hear, feel, see, and smell outside on an early Fall day.

F	_____
E	_____
E	_____
L	_____
S	_____
M	_____
E	_____
L	_____
L	_____
H	_____
E	_____
A	_____
R	_____
S	_____
E	_____
E	_____