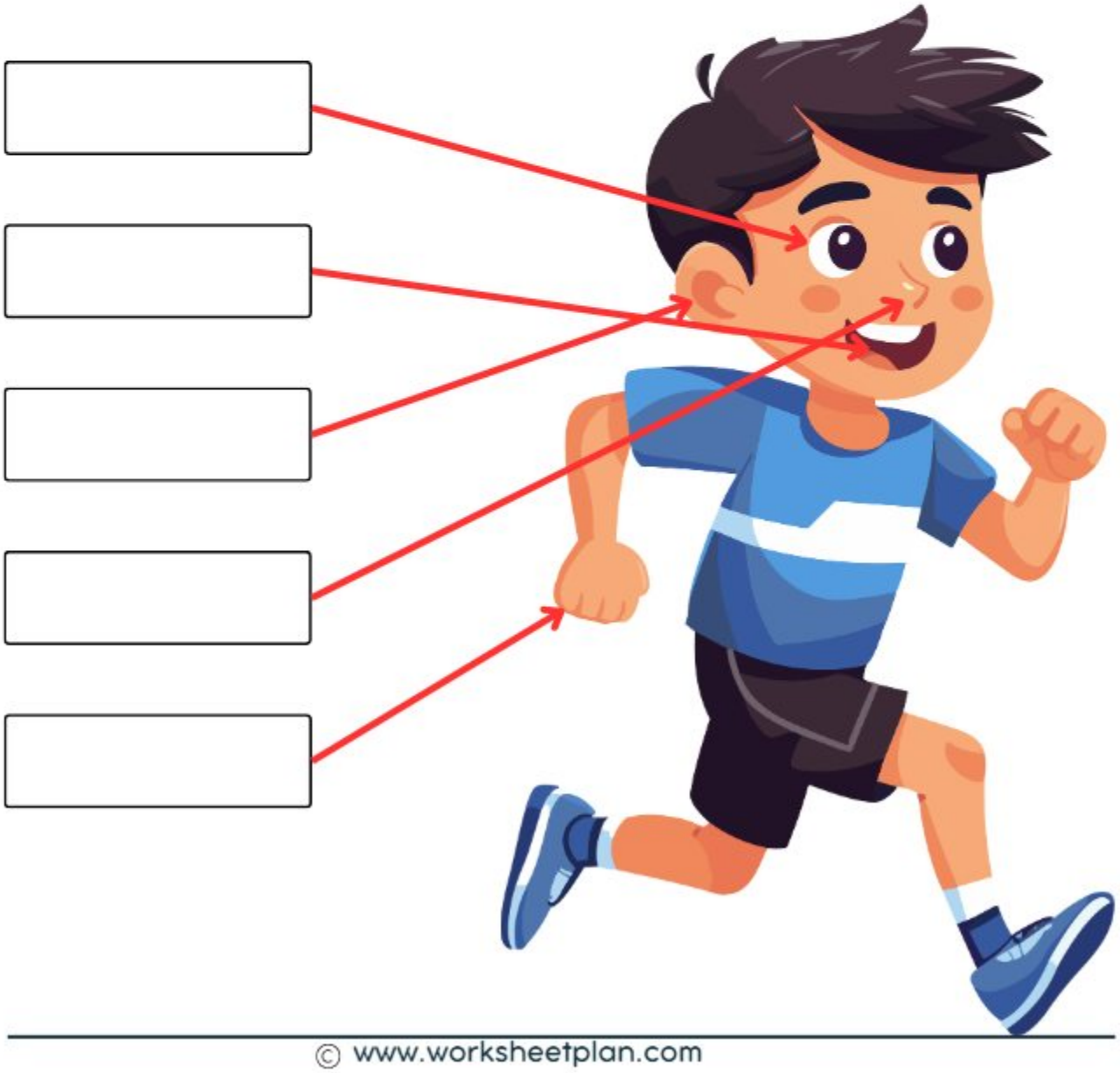
Name: _____

Date: _____

Our 5 Senses

Write the name of each sense where it belongs.

Smell	Feel	Taste
Hear	See	



Name: _____

Date: _____

Answers