

# My Five Senses

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

Date: \_\_\_\_\_.

Fill in the blanks with given words:

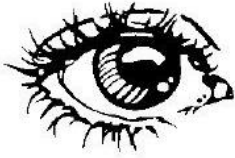
Nose

Hands

Eyes

Ears

Tongue



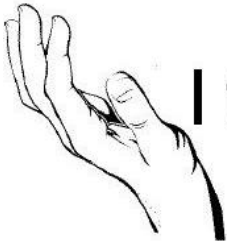
I see with my \_\_\_\_\_



I hear with my \_\_\_\_\_



I taste with my \_\_\_\_\_



I touch with my \_\_\_\_\_



I smell with my \_\_\_\_\_