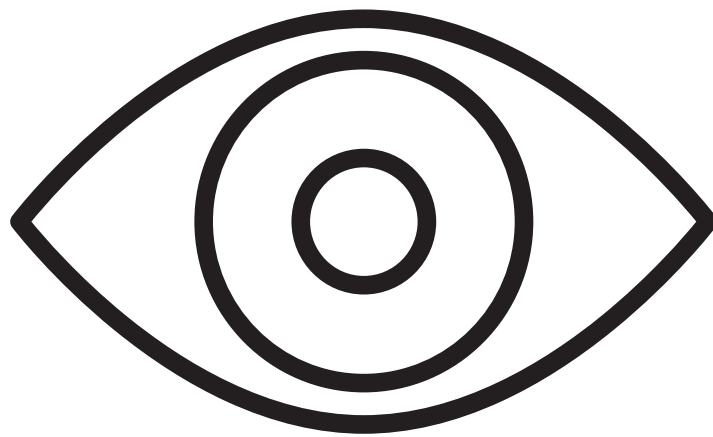


NAME:

DATE:

I can see...



What can you see around you? Write/Draw what you can see.

NAME:

DATE:

I can hear...

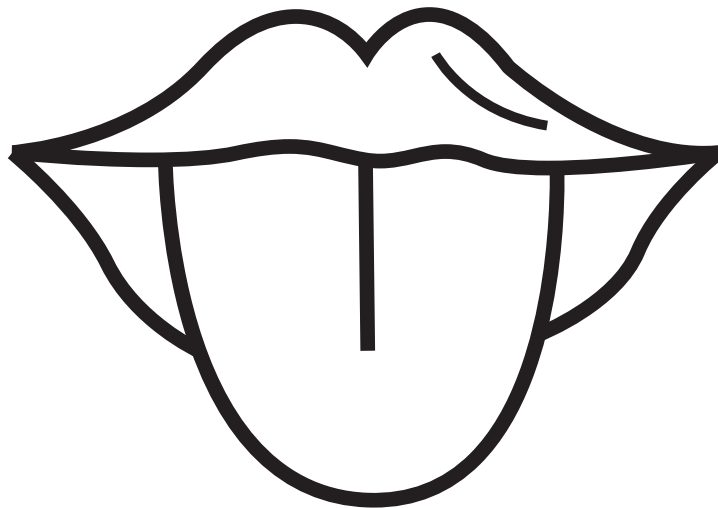


What can you hear around you? Write/Draw what you can hear.

NAME:

DATE:

I can taste...

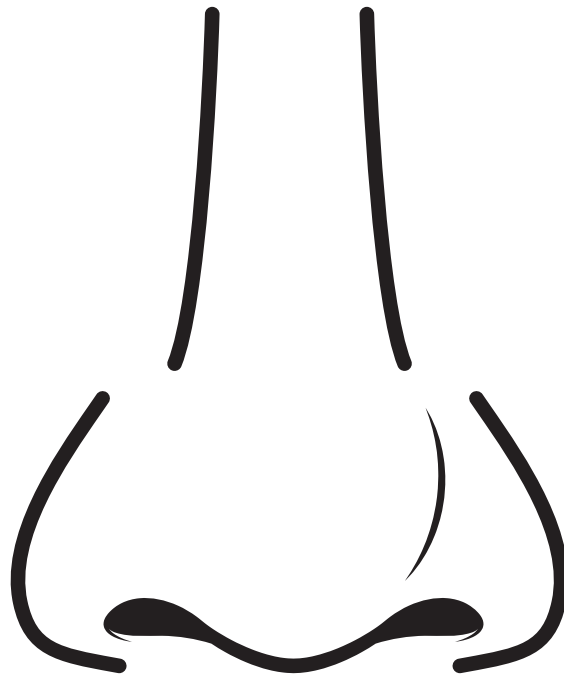


What kind of things can you taste? Write/Draw 5 things you can taste.

NAME:

DATE:

I can smell...



What kind of things can you smell? Write/Draw 5 things you can smell.

NAME:

DATE:

I can feel...



What kind of things can you feel? Write/Draw 5 things you can feel.