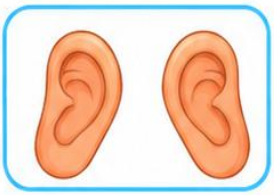
Name: _____ Class: _____

# I Know My Senses

**Direction: Box the correct picture.**

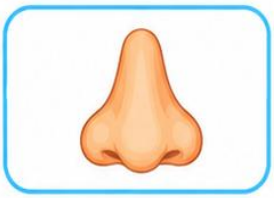
I can see using my...



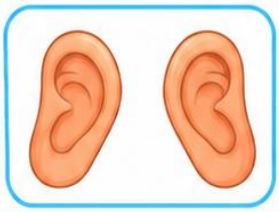


I can smell using my...





I can hear using my...





I can feel using my...



