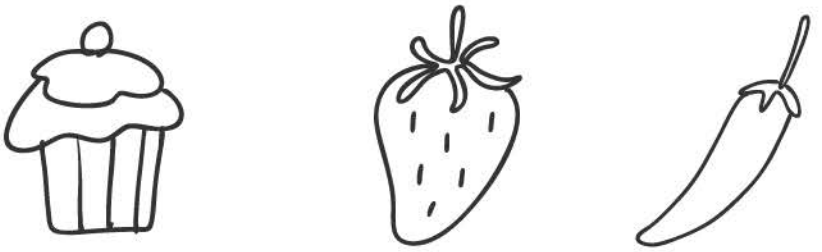
Name_____ Date _____

I use my five senses in different ways.

Draw the sense organ you will use for each group.

	Smell
	Sight
	Hearing
	Touch
	Taste