

Level: _____

Alavi

Full Name: _____

Date: _____

Topic: _____

The 5 Senses



smell



see



taste



touch



hear

Comment:



Full Name: _____

Date: _____

Topic: _____



bitter



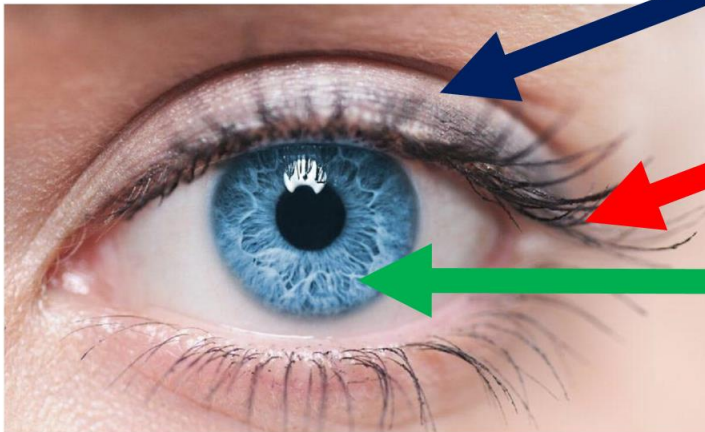
salty



sweet



sour



eyelid

eyelash

pupil

Comment: _____

