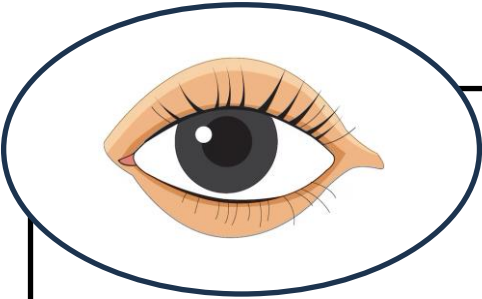


Name - _____

Start time - ___ : ___

End time - ___ : ___

Draw and color something that you can see with your eyes.



Circle the item you can see, smell, touch, hear and taste.



a b c d e f g h i j k l m n o p q r s t u v w x y z