FIVE SENSES INVESTIGATION

Name: _____

SUPERSTARWORKSHEETS

My Object:

○ small ○ medium ○ large

Sight:

Look at your object.
What do you see?

Draw and color it.

Hearing:

Does your object make a sound?

Circle:

yes

no



Smell:

Smell your object.

Circle:

good smell

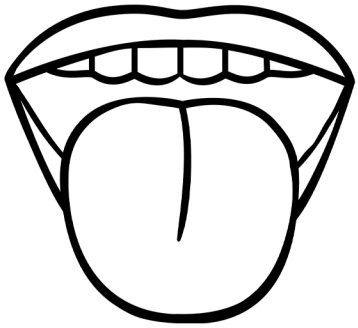
no smell

strong smell



Taste:

Taste your object
(with adult permission)



Circle:

sweet

sour

no taste

Touch:

Touch your object.



Circle:

soft hard

smooth bumpy

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