

Five senses

Name _____ Date _____

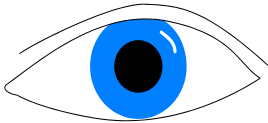
Fill in the blanks and match the following pictures with their roles on the right.

Ear



We taste using our _____.

Eye



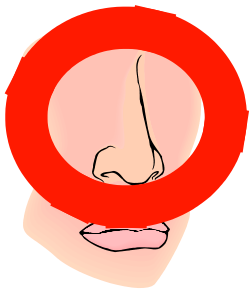
We see using out our _____.

Tongue



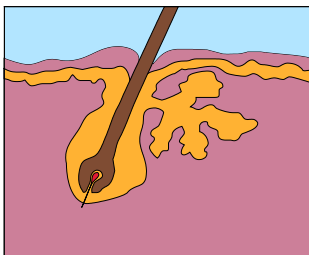
We feel cold, heat, pain and pressue using our _____.

Nose



We hear sound using our _____.

Skin



We smell using our _____.