

Name: _____

Date: _____

MY FIVE SENSES: SIGHT

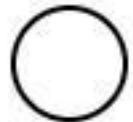


Look at the objects below.

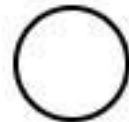
Color the circle next to the objects that help you see or are signs to look at.



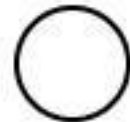
**MAGNIFYING
GLASS**



LOUD BELL



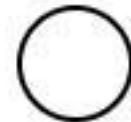
**TRAFFIC
LIGHT**



TELESCOPE



**SMELLY
TRASH**



RAINBOW

