FIVE SENSES: EXPERIMENT & RECORD

Name: _____ Date: _____

Object (Draw or Write)	👀 Sight	👂 Sound	👃 Smell	👋 Touch	👅 Taste
	◯	◯	◯	◯	◯
	◯	◯	◯	◯	◯
	◯	◯	◯	◯	◯
	◯	◯	◯	◯	◯

📊 DATA ANALYSIS: COUNT THE TOTALS

Count how many times you used each sense above. Write the number in the box.

👀	👂	👃	👋	👅
☐	☐	☐	☐	☐