

Name: _____

Date: _____

Science: My 5 Senses Observation

Look at the object. Draw what you observe and finish the sentence.

 SIGHT	Draw it	I see _____ _____
 TOUCH	Draw texture	I feel _____ _____
 SMELL	Draw source	It smells _____ _____
 SOUND	Draw sound	I hear _____ _____
 TASTE	Draw flavor	It tastes _____ _____