

Name: _____

Date: _____

Science Story Map: My 5 Senses

Directions: Listen to the science story. What did the characters experience? Draw or write what was observed in the boxes below.



I See...

(Visuals/Sight)



I Hear...

(Sounds)



I Feel...

(Textures/Touch)



I Smell...

(Scents)



I Taste...

(Flavors)