



FIVE SENSES WORKSHEET

List down the things you have **SEEN**,
SMELLED, **TOUCHED**, **TASTED** and **HEARD**!

Elite Therapy Center

Name:

Age:

Therapist:



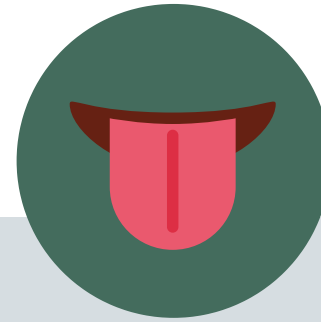
SEE



SMELL



TOUCH



TASTE



HEAR