**Name: Date:**

**\**Must have your name and date written above.***

**The Human Body**

***\*Label each sense with an object that matches.***

**LOOK at the example provided for you.**

|  |  |  |
| --- | --- | --- |
| **Hearing** |  | **birds sing** |
| **Sight** |  | **blue flowers** |
| **Smell** |  |  |
| **Hearing** |  |  |
| **Touch** |  |  |
| **Sight** |  |  |
| **Taste** |  |  |
| **Smell** |  |  |
| **Sight** |  |  |
| **Taste** |  |  |
| **Touch** |  |  |
| **Smell** |  |  |
| **Hearing** |  |  |
| **Touch** |  |  |
| **Sight** |  |  |
| **Taste** |  |  |