

NAME: GRADE: SUBJECT:

SUBMISSION DATE: PARENT SIGNATURE:



**Fill in the blanks with the picture clue given below**

1. I see with my \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I hear with my \_\_\_\_\_\_\_\_\_\_\_\_\_.
3. I smell with my \_\_\_\_\_\_\_\_\_\_\_\_\_.
4. I taste with my \_\_\_\_\_\_\_\_\_\_\_\_\_.
5. I touch and feel with my \_\_\_\_\_\_\_\_\_\_\_\_\_.



**Name and match the body parts involved in body movements**

