

MY SENSE ORGANS WALL HANGING  
ACTIVITY SHEET

I hear  
with my



I see  
with my



I smell  
with my



I taste  
with my



I feel  
with my



My  
sense organs

NAME: \_\_\_\_\_

SEC: \_\_\_\_\_



I hear  
with my



I see  
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I smell  
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I taste  
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I feel  
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My  
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NAME: \_\_\_\_\_

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