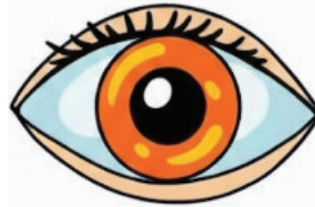




My Senses

Name _____



Eyes

Nose



Ear



Hand



Tongue