

Name:  Date:  Day:

# 5 senses

Fill in the blanks.



1. We use \_\_\_\_\_ to see.
2. I use my \_\_\_\_\_ to smell.
3. I use \_\_\_\_\_ to hear sounds.
4. My \_\_\_\_\_ can touch things.
5. I use my \_\_\_\_\_ to taste.