NAME:			
_			
DATE:			

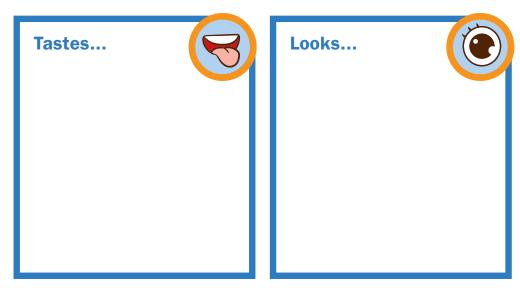


## **SNACK TIME SENSES**



## **Directions:**

As you eat your snack, pay close attention to your senses: taste, sight, smell, touch, and hearing. In the boxes, use words or drawings to record your observations of your snack.



Smells...

Feels...

Sounds...