Name _____ Date _____

What do you use?

Tick the part of your body you use.

		Eyes	Ears	Nose	Tongue	Hands
1.	to taste ice cream	☐	☐	☐	☐	☐
2.	to touch snow	☐	☐	☐	☐	☐
3.	to see a star	☐	☐	☐	☐	☐
4.	to smell bread	☐	☐	☐	☐	☐
5.	to clap your hands	☐	☐	☐	☐	☐
6.	to hear a song	☐	☐	☐	☐	☐