Name _____ Date _____

What do you use?

Tick the part of your body you use.

		Eyes	Ears	Nose	Tongue	Hands
1.	to smell soup	☐	☐	☐	☐	☐
2.	to hear a drum	☐	☐	☐	☐	☐
3.	to taste a lemon	☐	☐	☐	☐	☐
4.	to see a rainbow	☐	☐	☐	☐	☐
5.	to hold a cup	☐	☐	☐	☐	☐
6.	to hear the rain	☐	☐	☐	☐	☐