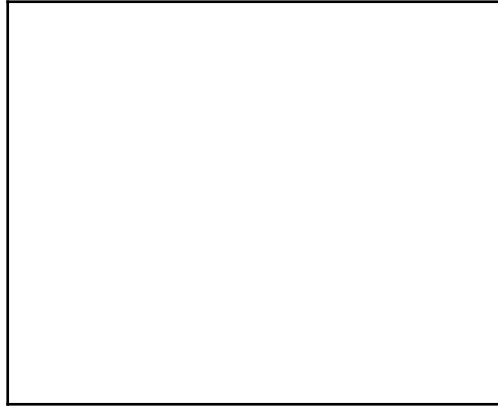


Name: _____ Date: _____

Five Senses Organizer

Topic: _____



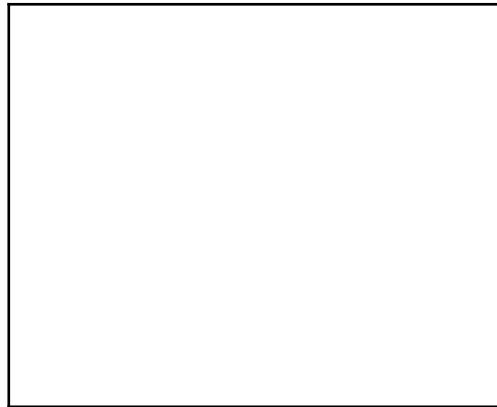
I see...



I hear...



I smell...



I taste...



I feel...