

Name: _____

Class: _____

THE FIVE SENSES

Fill in the blanks with the correct sense organs.
Choose from the words in the box.

ears

nose

tongue

hands

eyes



I can **hear** with my

_____.



I can **touch** with my

_____.



I can **see** with my

_____.



I can **taste** with my

_____.



I can **smell** with my

_____.

BRAINIAC
WORKSHEETS