

Name: _____

Date: _____

The Five Senses

C L B R E T S A T N

M I A R L P W J F U

N E F E E H T U W V

H V A T E A X S L M

L T Z J L S T I T G

L K B G V A S H M T

E O L Q L T I C E O

M W W F E D G U P U

S I S N E H H X K C

X E Q Q F O T E R H

Breathe

Listen

Touch

Smell

Sight

Taste

Feel

Hear

Eat

See