

Name: _____

Practice Making Observations

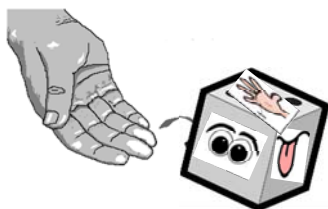


Object	Sight	Sound	Smell	Touch	Taste

1. Choose a film canister. Record its number



2. Roll the 5 senses die



3. Make **2 observations** using the sense that you rolled



Canister #	Sense	Observations	