Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

taste hear see feel smell

I can \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with my eyes.

I can \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with my ears.

I can \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with my hands.

I can \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with my nose.

I can \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with my tongue.

