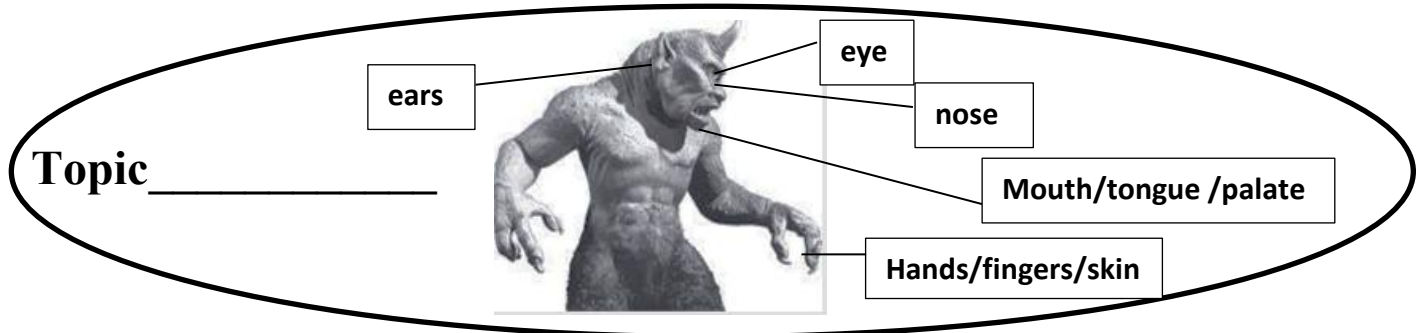


Name _____ Date _____ Period _____

Sensory Observation Chart

Directions: State your topic. Then list what you observe through your senses in the appropriate areas. Adversely, you may list first, then state your topic.



Sight	Sound	Smell	Taste	Touch