Sensory Chart

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| --- | --- | --- | --- |
| Name: |  | Date: |  |

Complete the sensory chart by reflecting on your topic and writing details that you could see, hear, smell, taste, and touch.

|  |  |
| --- | --- |
| See |  |
| Hear |  |
| Smell |  |
| Taste |  |
| Touch |  |