Sensory Chart

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

In each column, fill in sensory details about your topic.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sights | Sounds | Smells | Tastes | Textures |
|  |  |  |  |  |