**Name:**

**Senses Worksheet**

**Hearing**: What sound do you think you are hearing?

1. 4.
2. 5.
3. 6.

**Taste:** What do you think you are tasting?

1. 3.
2. 4.

**Smell**: What do you think the smell is?

1. 3.
2. 4.

**Touch**: Name what you think the item is, as well as how it felt.

1. 3.
2. 4.

**Personal Reflection:**

**(Some questions to think about and answer: What emotions were you feeling during this activity? What questions did you have? What were you thinking? What connections can you make to Phillip? What connections can you make to blind people? Tell me about our senses. What is it like losing a sense? How powerful are our remaining senses? What connections can you make to using our senses?**