NAME: \_\_\_\_\_



## My Body

Write the words from the box that matches the correct action for each body part.

	liste	n touch	see	taste	smell	
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We \_\_\_\_\_ with our



We \_\_\_\_\_ with our



We \_\_\_\_\_ with our



We \_\_\_\_\_ with our



We \_\_\_\_\_ with our

