






Name: _____ Date: _____

Five Senses Checklist

Write "yes" or "no" in each box.

	Do I feel like I am experiencing what the writer...
sees? 	
hears? 	
smells? 	
tastes? 	
touches? 	

Application:

Did I circle any sight words or new vocabulary? If so, which ones?

Journal Activity: Take the time to write as many sentences you can using your sight words or new vocabulary.