Name _____ Date _____

General Knowledge · My body

My Five Senses

Point to each part on yourself. Then match.

Write the letter in the box.

☐	1. I see with my	a)	ears
☐	2. I hear with my	b)	hands
☐	3. I smell with my	c)	nose
☐	4. I taste with my	d)	eyes
☐	5. I touch with my	e)	tongue

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Name _____ Date _____

General Knowledge · My body

How Many?

Count on your own body and write the number.

1. eyes: _____

2. nose: _____

3. ears: _____

4. hands: _____

5. fingers on one hand: _____

6. mouth: _____

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Name _____ Date _____

General Knowledge · My body

Keeping Clean

Is it a good habit? Circle Yes or No.

1. Washing hands before eating — Yes / No
2. Brushing teeth at night — Yes / No
3. Biting nails — Yes / No
4. Taking a bath — Yes / No
5. Wiping my nose on my sleeve — Yes / No

Draw yourself.

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ANSWER KEY

Name _____ Date _____

General Knowledge · My body

My Five Senses

Point to each part on yourself. Then match.

Write the letter in the box.

d	1. I see with my	a) ears
a	2. I hear with my	b) hands
c	3. I smell with my	c) nose
e	4. I taste with my	d) eyes
b	5. I touch with my	e) tongue

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ANSWER KEY

Name _____ Date _____

General Knowledge · My body

How Many?

Count on your own body and write the number.

1. eyes: 2

2. nose: 1

3. ears: 2

4. hands: 2

5. fingers on one hand: 5

6. mouth: 1

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ANSWER KEY

Name _____ Date _____

General Knowledge · My body

Keeping Clean

Is it a good habit? Circle Yes or No.

1. Washing hands before eating — **Yes** / No
2. Brushing teeth at night — **Yes** / No
3. Biting nails — Yes / **No**
4. Taking a bath — **Yes** / No
5. Wiping my nose on my sleeve — Yes / **No**

Draw yourself.

Drawings will vary.