

Name _____



DATA SHEET

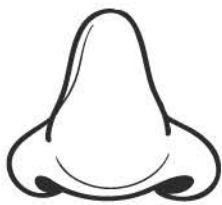
Draw Specimen One

Draw Specimen Two

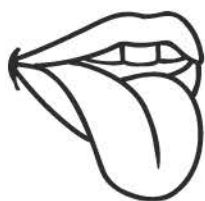
Loud <input type="radio"/>	Soft <input type="radio"/>

Loud <input type="radio"/>	Soft <input type="radio"/>

Circle the Sense Organ used for hearing



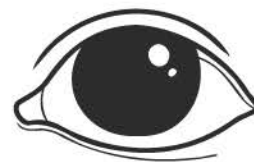
Nose



Tongue



Ear



Eye



Hand or Skin