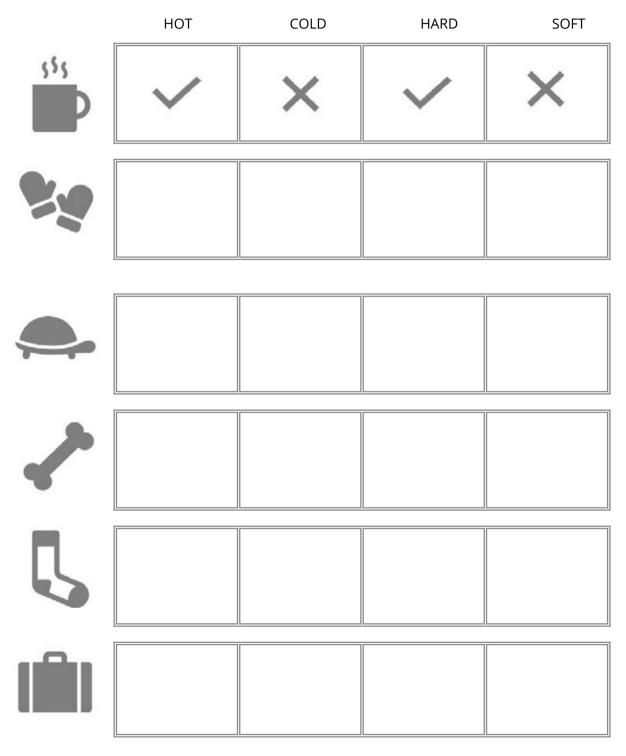
Name:

Date:

Your Five Senses - Touch

Learn about your sense of touch. Tick all that apply. One has been completed for you.





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