

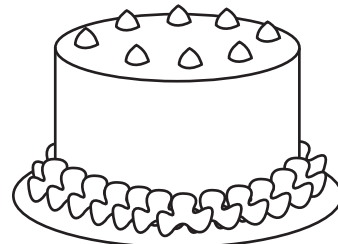
Name: _____

Date: _____

Fill in the Sensory Details

Fill in the blanks to make the sentences more descriptive!

The cake smelled _____.



I ate the _____ salad.

The boy looked _____ when
he came in from the rain.

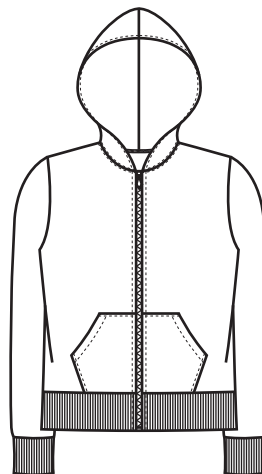


I woke up when I heard _____.

The grass felt _____ when I walked outside.

My mom made dinner and it tasted _____.

I couldn't sleep because I kept hearing
_____ noise outside.



My jacket felt _____.