Things I can taste:

_____
_____
_____
_____
_____

Things I can smell:

_____
_____
_____
_____

Things I can see:

_____
_____
_____
_____

My Favourite Room:

_____

Things I can feel:

_____
_____
_____
_____
_____

Things I can hear:

_____
_____
_____
_____

Name:
Date: