

Food Sense

Name: _____ Date: _____

Tell about the food you tested.

Name the food you tested: _____

1. Describe the color.



2. Describe the smell.



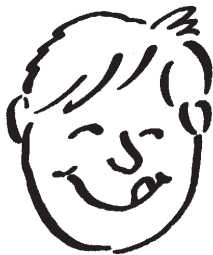
3. Describe the texture.



4. Taste the food.



a) Circle the face that best describes how you like this food.



b) Describe the taste.

5. What sound does the food make when you chew it?



