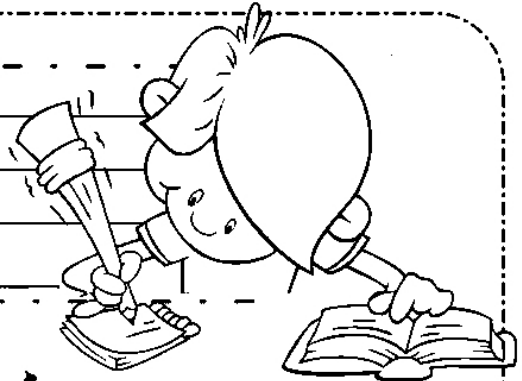


Escola _____

Aluno (a) _____

Educador _____

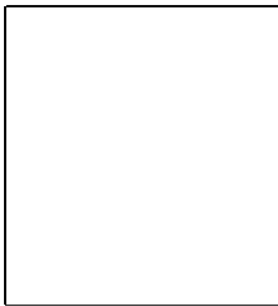
Data ____ / ____ / ____



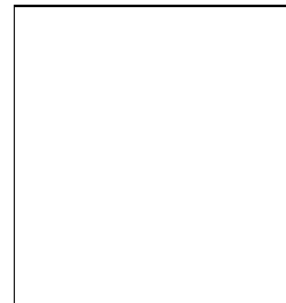
Atividade



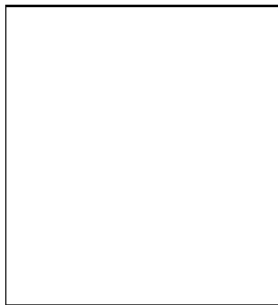
DESENHE CADA ORGÃO NO ESPAÇO CORRETO:



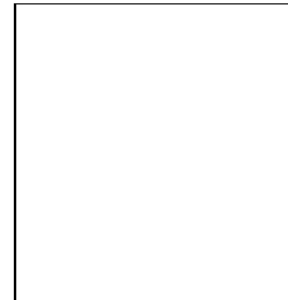
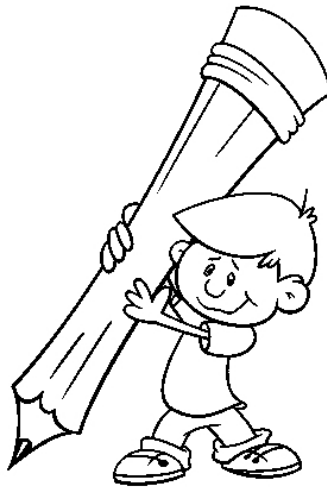
VISÃO



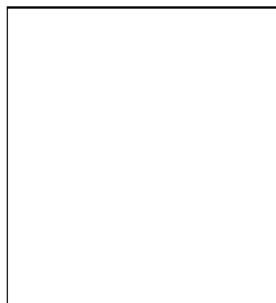
AUDIÇÃO



TATO



OLFATO



PALADAR

ÓRGÃOS DOS SENTIDOS

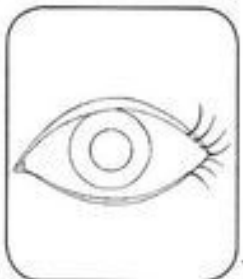
LIGUE CADA GRAVURA AO ÓRGÃO DE SENTIDO UTILIZADO. ESCREVA AO LADO O NOME DELE.
























MARCAR COM UM X OS ÓRGÃOS DOS SENTIDOS QUE USAMOS DE ACORDO COM O DESENHO.

My Five Senses

Name _____



