

Item# \_\_\_\_\_

Name \_\_\_\_\_

SAMPLE # _____			
Color	Smell	Feel	Components
Drawing			
Type:			

SAMPLE # _____			
Color	Smell	Feel	Components
Drawing			
Type:			

SAMPLE # _____			
Color	Smell	Feel	Components
Drawing			
Type:			

Discuss Reflect questions #2-#5 on page 8 - be ready to answer!