

NAME: _____

Sensory Chart

Sights: *(What do you see as you look around this place? EX: Describe landscape, buildings, people, etc.)*

Sounds: *(What do you hear as you visit this place? EX: Describe noises of people working and playing in this place, etc.)*

Smells: *(What do you smell as you visit this place? EX: Describe the smells of the food cooking in restaurants or the peculiar odor of the people, plant, animal, or equipment, etc.)*

Tastes: *(What could you eat if you visited this place? EX: Describe the food that this place has to offer or the taste in your mouth from the air, etc.)*

Textures: *(What kinds of materials are found in this place? EX: Describe the dress of the people or the materials used in the buildings. You might also describe the way certain things feel...like the equipment, seats, sidewalk, etc.)*

SENSE	Area #1	Area #2
Sights		
Sounds		
Smells		
Tastes		
Textures		