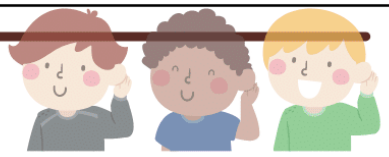


Student Name: _____

Teacher: _____

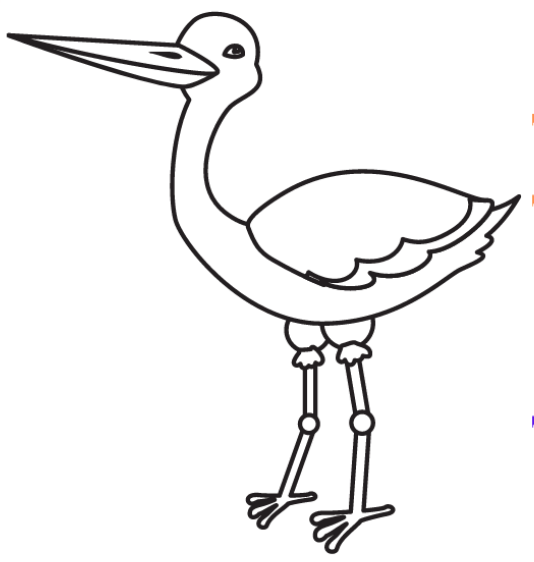
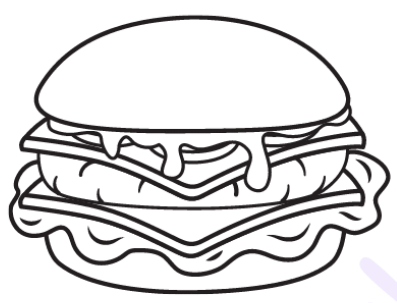
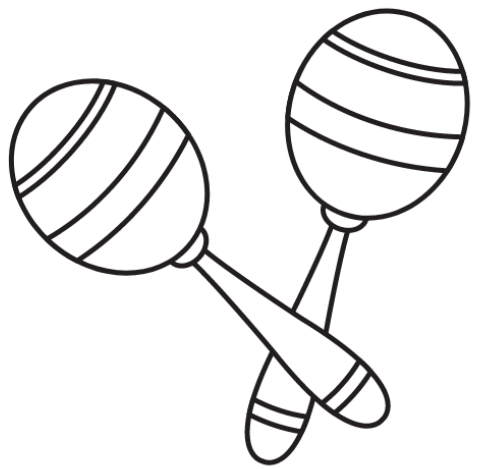
Class: _____

Date: _____

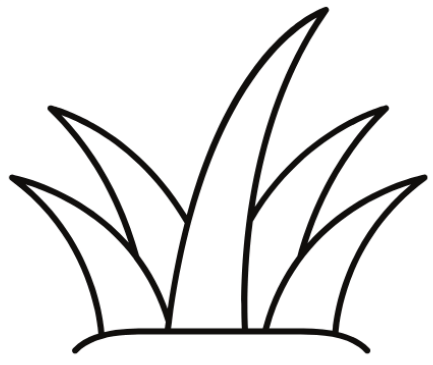


Sense Of Hear

Colour the things you can hear.



Hear



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