Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Detective Sense! Record Sheet**

**Touch Station**

Close your eyes and put your hand in each bag, one at a time. What do you feel? What do you think is in each bag?

1. 2.



3. 4.

**Hearing Station**

Shake each container. What do you hear? Can you tell what is in each container? How do you know?

 1. 2. 3. 4.