

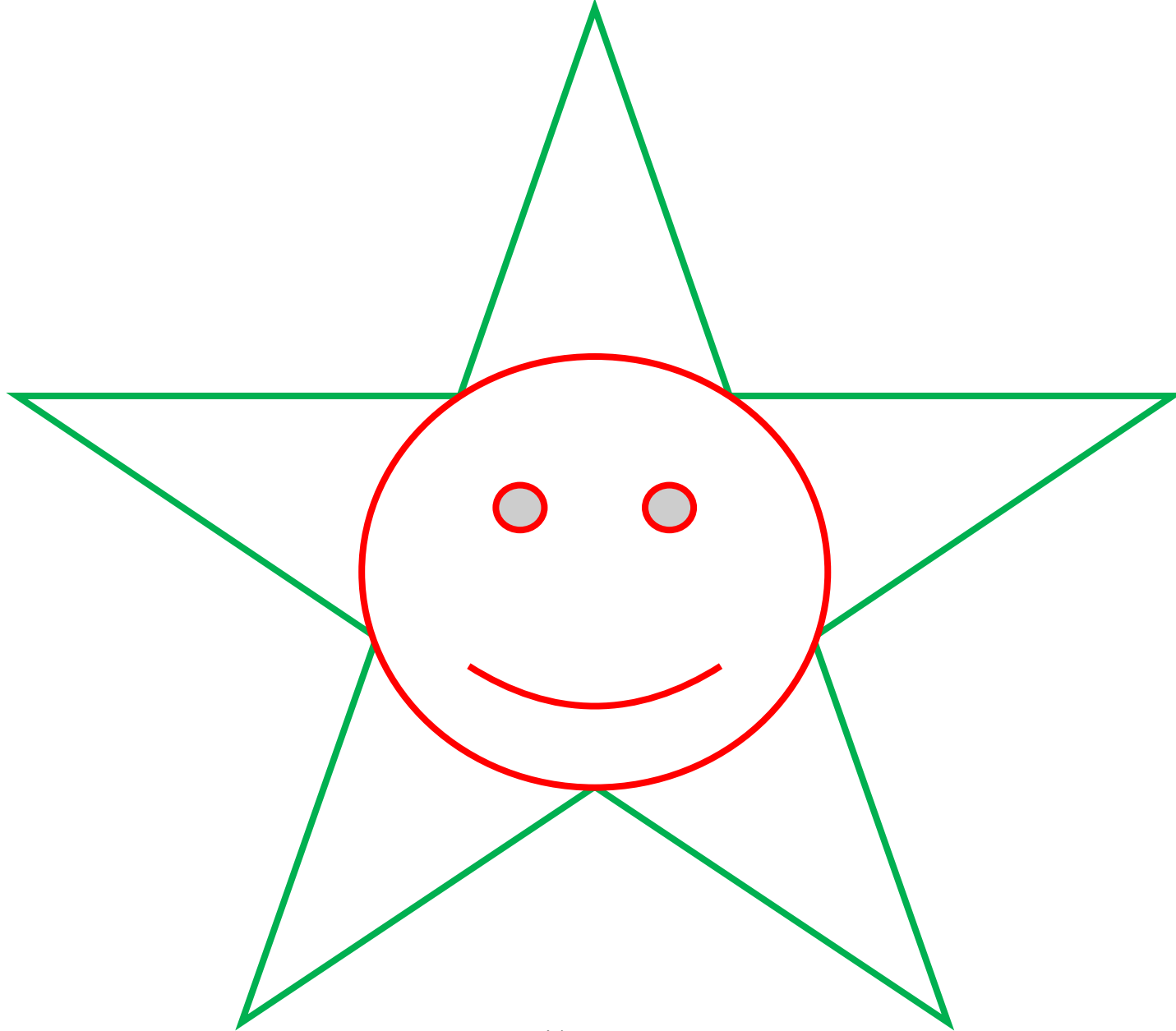
Name: _____

Sensory Details

Date: _____

Tasting

Seeing



Touching

Hearing

Smelling