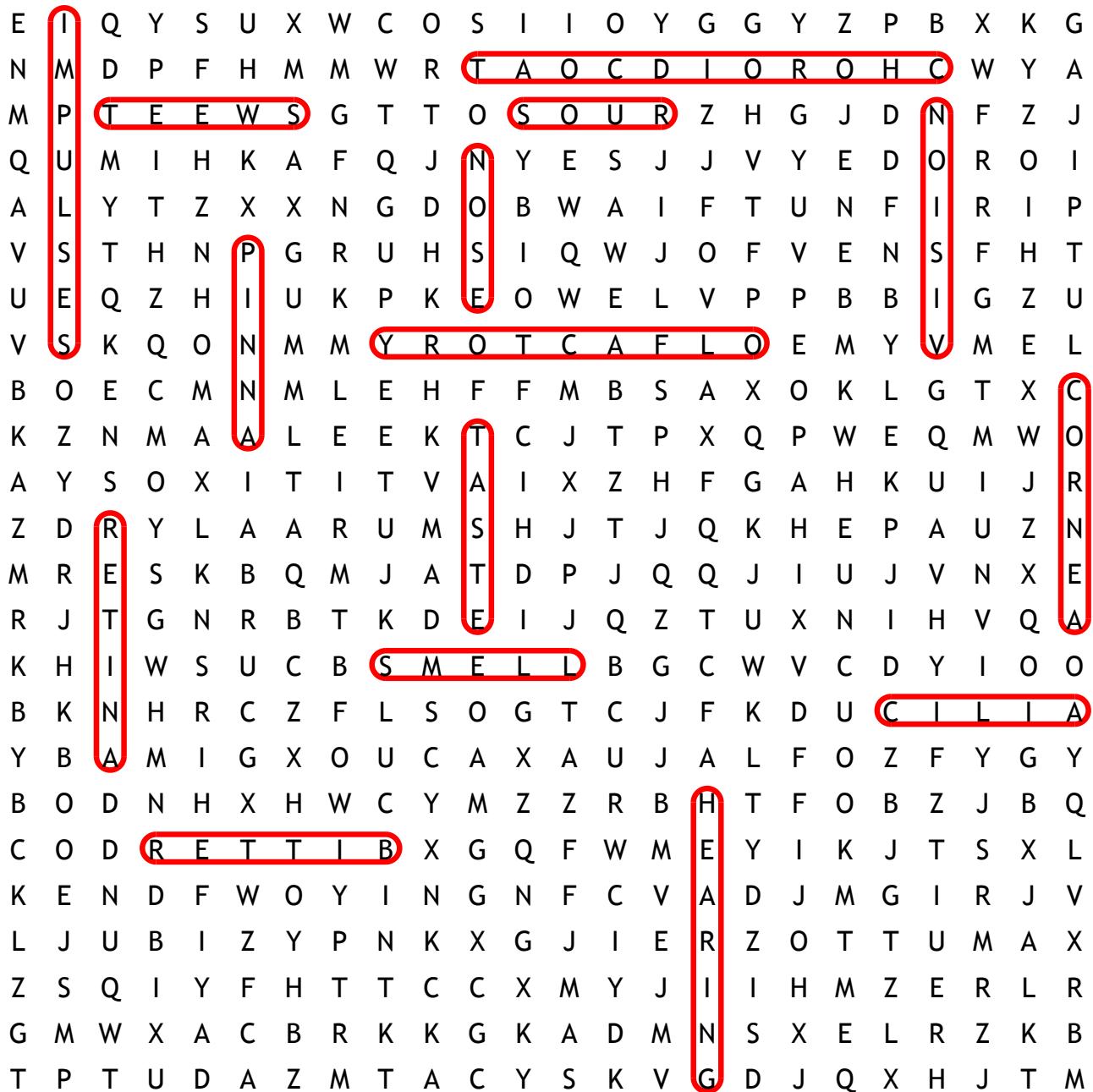


Name: \_\_\_\_\_

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

# Sensory System



choroidcoat  
hearing  
retina  
cilia  
taste

olfactory  
bitter  
vision  
smell  
nose

impulses  
cornea  
pinna  
sweet  
sour