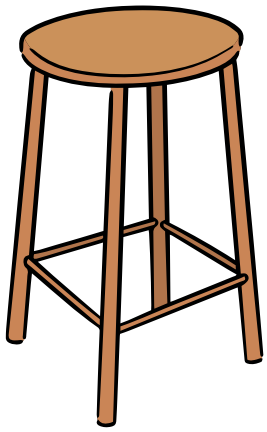
Name: _____ Date: _____

Can you smell it?

Directions: Look at each item and box **YES** if you can smell it, and **NO** if you can't.

	YES NO
	YES NO
	YES NO

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