Name: _____ **Date:** _____

MY EYES

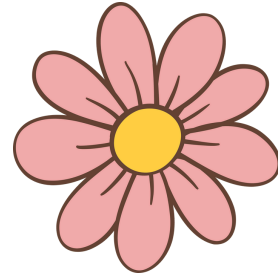**Directions:** Put a check before number of the item that you can see and cross if not.

1. flower

2. bee

3. smile

4. dress

5. anger