

# MY FEELING BODY

NAME: \_\_\_\_\_

My face feels

\_\_\_\_\_

My eyes feels

\_\_\_\_\_

My ears feel

\_\_\_\_\_

My mouth feels

\_\_\_\_\_

My hands feels

\_\_\_\_\_

My belly feels

\_\_\_\_\_

My feet feel

\_\_\_\_\_

**PUT  
FEELING  
CARD  
HERE**

Use with PDF  
Feeling Cards