Name _____ Date _____

The Lost Sense

Pretend you have lost one of your senses, such as sight, hearing, or taste. Write a paragraph about yourself. Tell how you feel, how the loss changes your life at home and at school, and how you would handle dealing with other people.

When I woke up this morning, I could not _____

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(Use the back of this sheet if you need more space to write.)

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