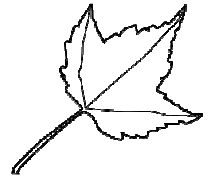


Name: \_\_\_\_\_

# Signs of Fall



I hear \_\_\_\_\_  
\_\_\_\_\_.

I hear \_\_\_\_\_  
\_\_\_\_\_.

I feel \_\_\_\_\_  
\_\_\_\_\_.

I feel \_\_\_\_\_  
\_\_\_\_\_.

I smell \_\_\_\_\_  
\_\_\_\_\_.

I smell \_\_\_\_\_  
\_\_\_\_\_.

I see \_\_\_\_\_  
\_\_\_\_\_.

I see \_\_\_\_\_  
\_\_\_\_\_.