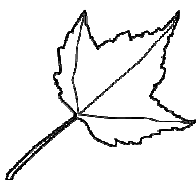


Name: \_\_\_\_\_

# Signs of Fall



Write down several things that you hear, feel, see, and smell outside on an early Fall day.

F \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_

L \_\_\_\_\_

S \_\_\_\_\_

M \_\_\_\_\_

E \_\_\_\_\_

L \_\_\_\_\_

L \_\_\_\_\_

H \_\_\_\_\_

E \_\_\_\_\_

A \_\_\_\_\_

R \_\_\_\_\_

S \_\_\_\_\_

E \_\_\_\_\_

E \_\_\_\_\_