

Name: _____ Date: _____

Solid, Liquid or Gas Activity – You Name It! Worksheet



	Material	Solid, Liquid or Gas?	Sight	Sound	Smell	Touch	Taste
	What is the item that you are observing?	Is the object a solid, a liquid or a gas? Could it be more than one?	What color is the object? Is it big or small? Give measurements. What is the shape of the object?	Does the item make any noise? Is it loud or soft?	Does the item have an odor? Is it pleasant? Unpleasant? Strong? Weak?	What does it feel like? Is it rough or smooth? Can you squeeze the object? Is it light or heavy?	What does the object taste like? What do you think it would taste like? Is it sweet, salty, bitter?
1							
2							
3							
4							
5							
6							