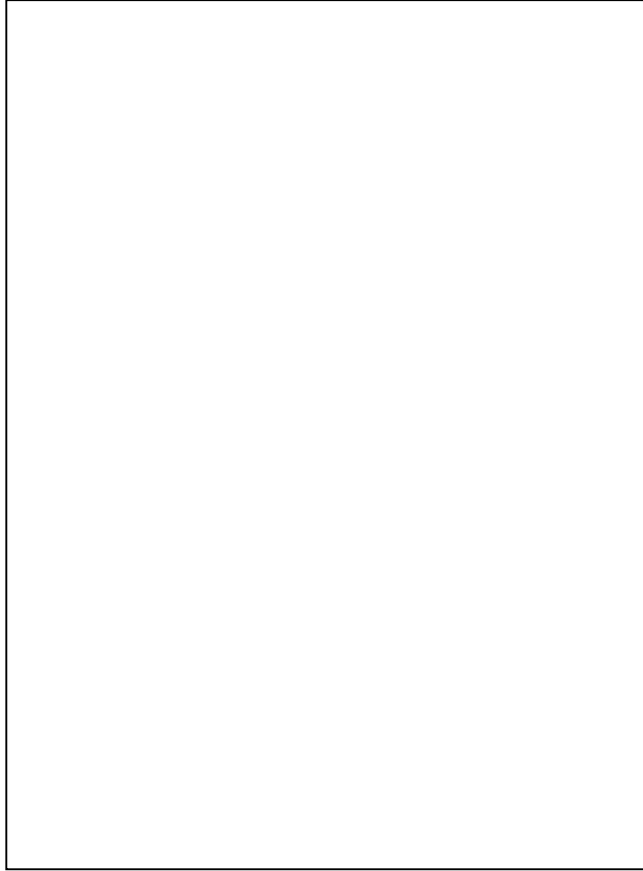


Name _____

Date _____



What colors do you see on your leaf?

Touch your leaf. What does it feel like?

Smell your leaf. What does it

smell like?

What do the sides of your leaf look like? _____

Look at your leaf through the magnifying glass. Do you see anything new?
