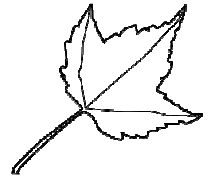


Name: _____

Signs of Fall



I hear _____

I hear _____

I feel _____

I feel _____

I smell _____

I smell _____

I see _____

I see _____
