

Class - I

EVS Revision Sheet

NAME: _____

Date: _____

Q1. Draw parts of my face and colour it:

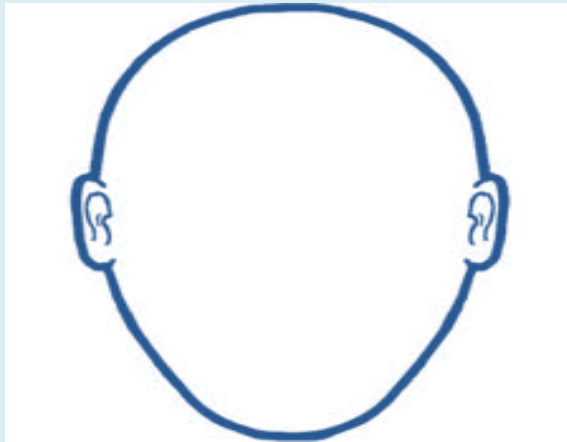
1. Eyes

2. Eyebrows

3. Hair

4. Forehead

5. Nose



Q2. Fill in the blanks:

1. I smell a flower with my _____.

2. We hear with our _____.

3. We smell with our _____.

4. I use my _____ to taste an ice cream.

5. I hear the sound of drums with my _____.

6. I read a book with my _____.

7. I can feel a soft toy with my _____.

8. Our _____ helps us to feel things.

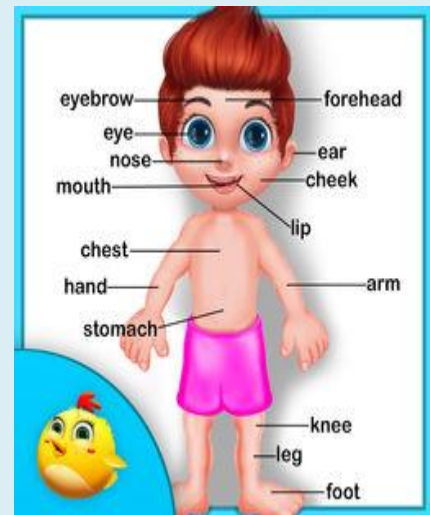
Q3. Write any eight parts of our body:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



Q4. Fill in the blanks:

1. Hello ! My name is _____.
2. I am _____ years old.
3. My weight is _____ kg.
4. My height is _____ cm.
5. I study in _____.
6. My nickname is _____.
7. My favourite colour is _____.
8. I live in _____.
9. The name of my school is _____.



Q5. Write True or False:

1. Our hands are also sense organs.
2. Our eyes help us to smell.
3. We taste with our tongue.
4. Our skin helps us to feel things.

Q6. Match the following:

Column A

- eyes
- nose
- ears
- skin
- tongue

Column B

- smell
- feel
- taste
- hear
- see

