

# TASTY BITES

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Which is your favorite dish?

How does it taste? Sweet, Sour, Salty or bitter or spicy?

When and where did you first eat it?

Describe your favorite food?

Which are the parts in your mouth that are used to eat?

List 10 food items you have for breakfast, snacks, lunch or dinner and classify them according to their taste.

FOOD ITEM	TASTE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

