

Name: _____

Date: _____

Sounds of the Day

Directions: Within the boxes below, draw a cartoon of your daily life. Think about, and include, the different sounds and noises that you encounter from the time when you wake up until you go to sleep. Be sure to label the sources of the sounds and noises below your image. Reflect on your drawings and answer the questions below.

| | | |
|--------------------|--------------------|--------------------|
| (Waking Up) | (Breakfast) | (In your class) |
| Sounds: Noises: | Sounds: Noises: | Sounds: Noises: |
| (Lunch) | (Traveling) | (Bed Time) |
| Sounds: Noises: | Sounds: Noises: | Sounds: Noises: |

How often do you experience different sounds?

Define noise. What are the noises you identified and why?
