

Name: \_\_\_\_\_ Date: \_\_\_\_\_ #: \_\_\_\_\_

### Daily Weather Observations





Observation Date: \_\_\_\_\_

Record your observations of the weather for today in this table.

 What do I see?	
 What do I hear?	
 What can I touch?	
 What can I smell?	

Observation Date: \_\_\_\_\_

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