Name ____

_Date ______ Per. _____

Environmental Sounds Record Dangerous Decibels

Describe all sounds you hear four times during the day. Write your description for each sound in a different box below. You will be cutting the boxes apart to categorize the sounds in groups, so make sure your descriptions fit inside the boxes.

Time: Place:	Time: Place:
Source of Sound:	Source of Sound:
Description of Sound	Description of Sound
Time: Place:	Time: Place:
Source of Sound:	Source of Sound:
Description of Sound	Description of Sound
Time: Place:	Time: Place:
Source of Sound:	Source of Sound:
Description of Sound	Description of Sound
Time: Place:	Time: Place:
Source of Sound:	Source of Sound:
Description of Sound	Description of Sound
Time: Place:	Time: Place:
Source of Sound:	Source of Sound:
Description of Sound	Description of Sound