**11/1/21 – LO: To investigate everyday Sounds with a Sound Survey**

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| **Description**  What is the sound like?  Describe it.  (e.g. loud, quiet, annoying, nice, exciting) | **Source of Sound**  What do you think made the sound? What caused it? (e.g. dog, car, radio, brother, cooking) | **Time of Day**  (e.g. early morning, afternoon, evening, night, middle of the night) |
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