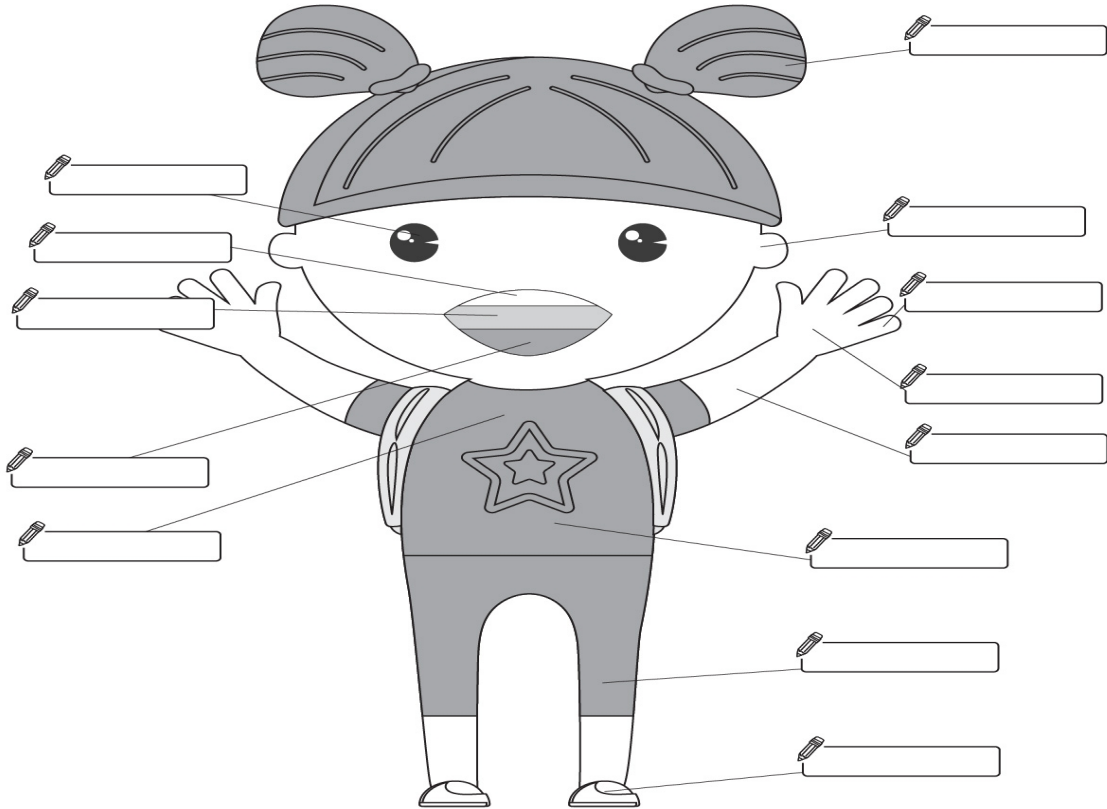


Name: \_\_\_\_\_ Date: \_\_\_\_\_

# COLOR THE BODY PARTS

Name the body parts and color the picture.



Foot	Hand	Stomach	Leg	Mouth
Hair	Eye	Tongue	Ear	
Finger	Tooth	Chest	Arm	