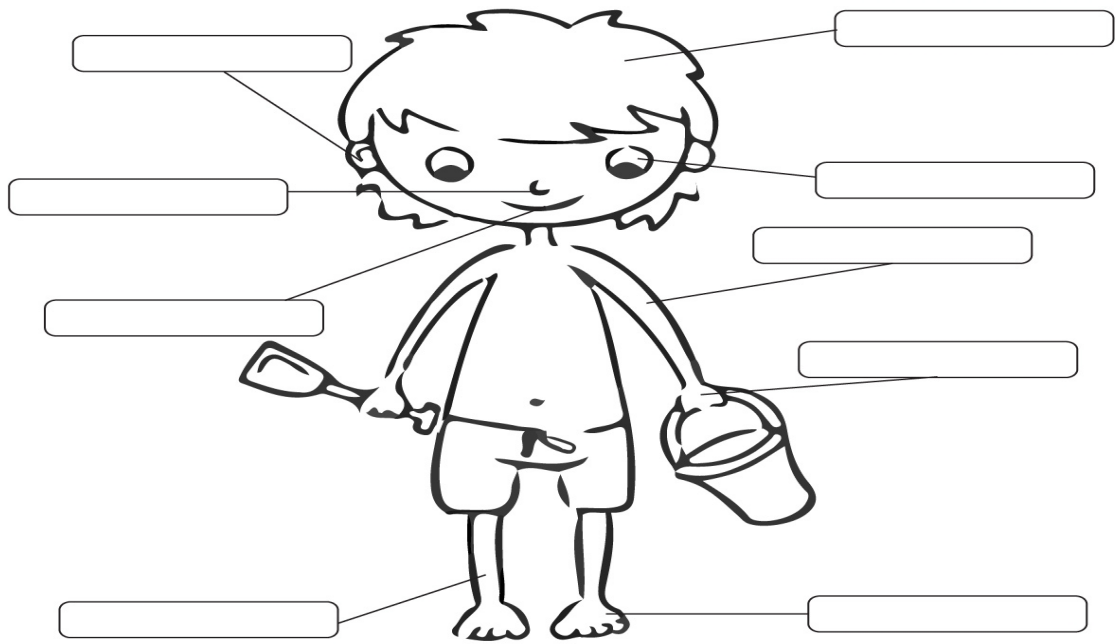


Name: \_\_\_\_\_ Date: \_\_\_\_\_

# BODY PARTS

Name the body parts.



Hand  
Hair  
Foot

Eye  
Leg  
Mouth

Arm  
Nose  
Ear