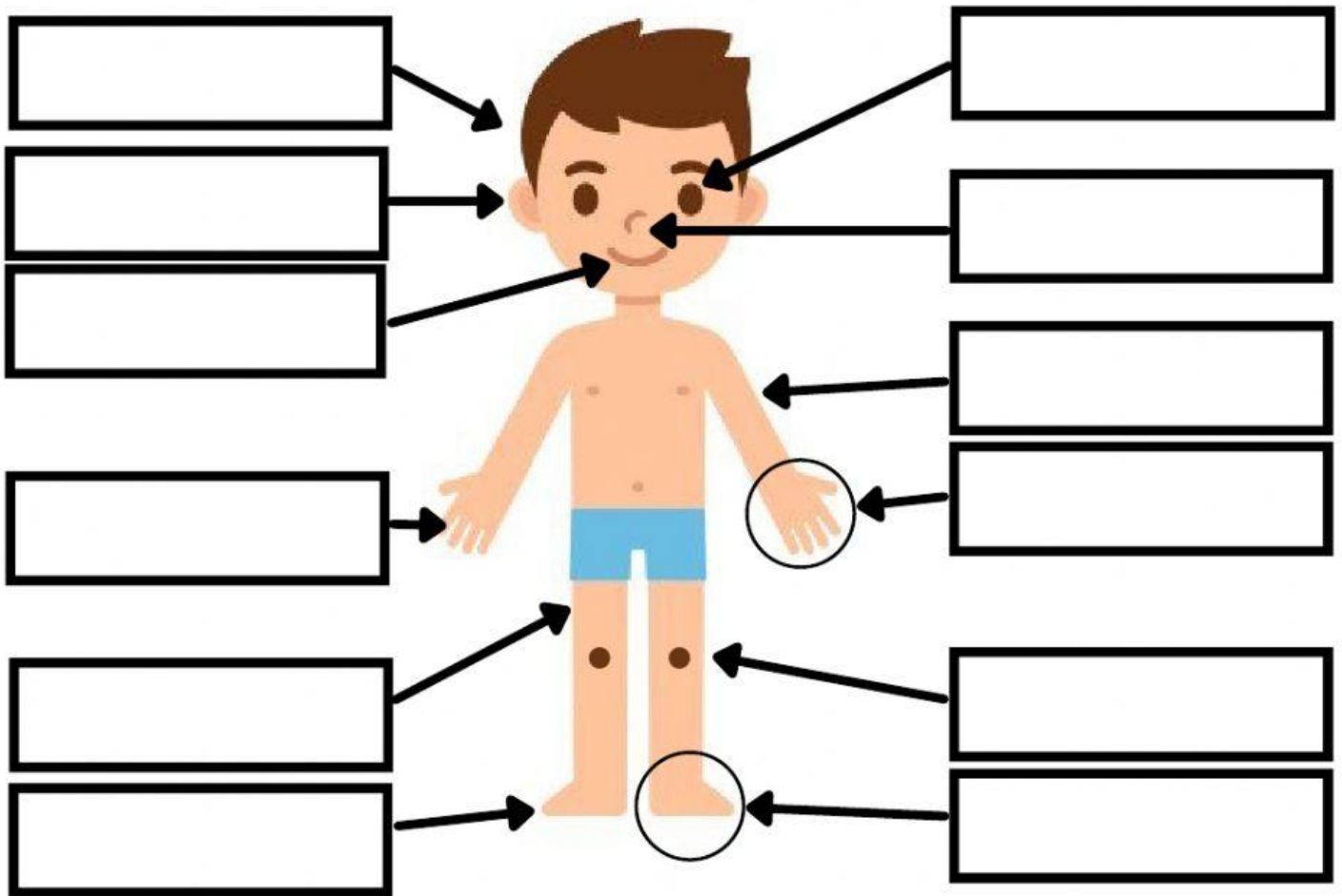


NAME:	TEACHER:
GRADE & SECTION:	DATE:

BODY PARTS

Fill in the blanks with correct words.



- | | | | | | |
|-----|------|---------|------|------|-------|
| leg | toes | fingers | knee | eyes | mouth |
| arm | head | hand | foot | ear | nose |