

Name: _____

Score: _____

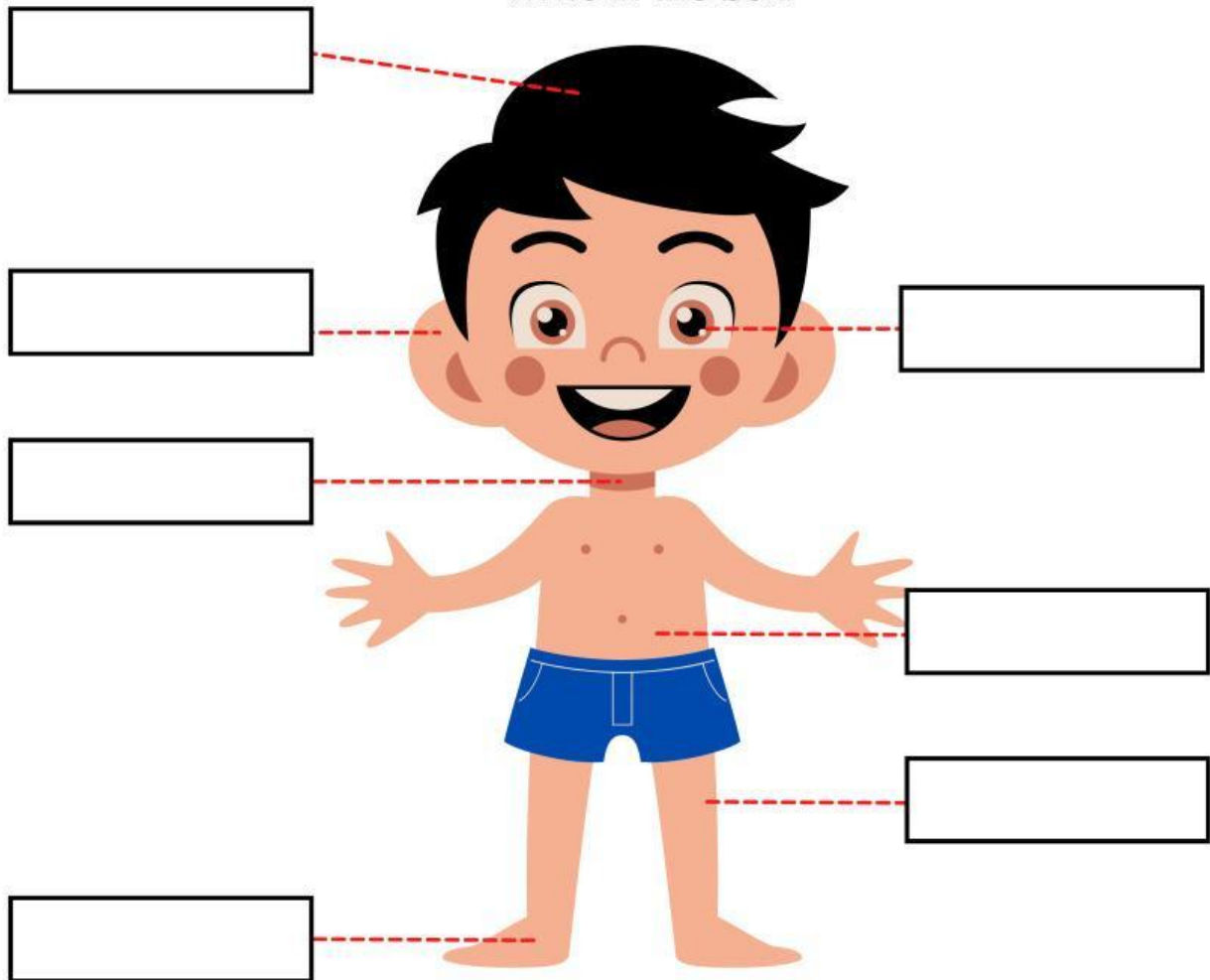
Class: _____

Date: _____

My Body

Directions: Choose the correct answer below.

Write in the box.



foot

neck

ear

hair

eye

stomach

knee