Have Got /Has Got –

Name: ____

Complete the missing information

(EYE)
EYES

TEETH

ARM
(ARMS)

FINGERS
(FINGER)

LEGS
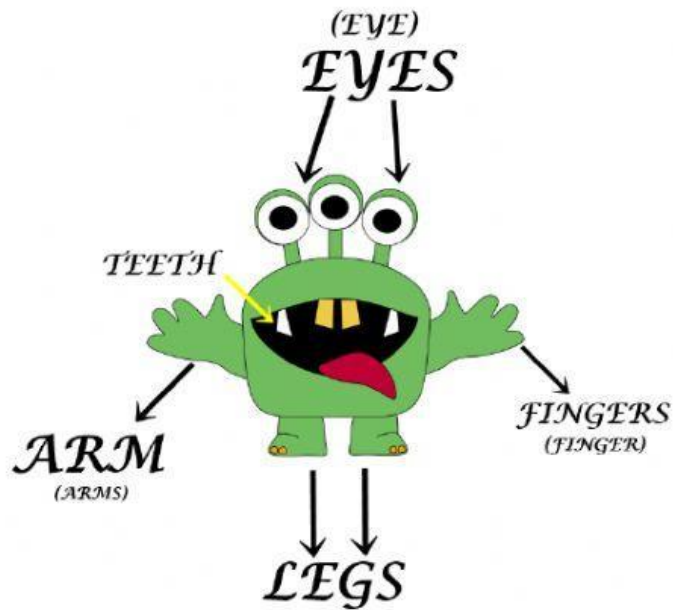
1) IT _____

ONE _____

2) IT _____ THREE

_____

3) IT _____

TWO _____
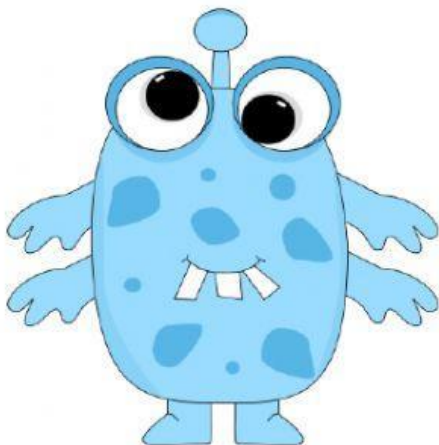
1) IT _____

TWO _____

2) IT _____

FOUR _____

3) IT _____

TWELVE _____