Name: _____

Date: _____   Level: _____

Body Parts
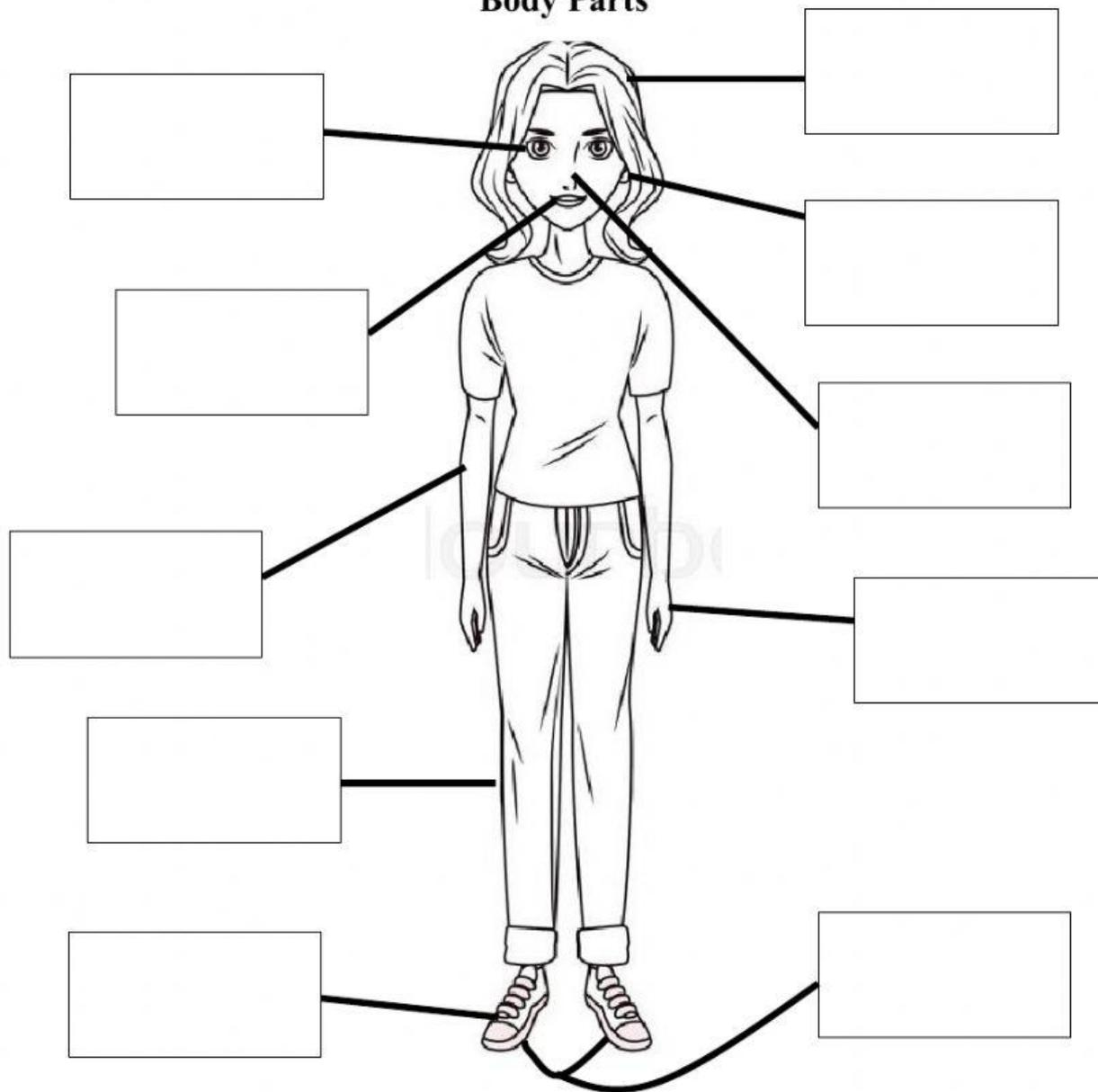
eye	head	ear	mouth	hand
nose	arm	leg	foot	feet