

Name: _____

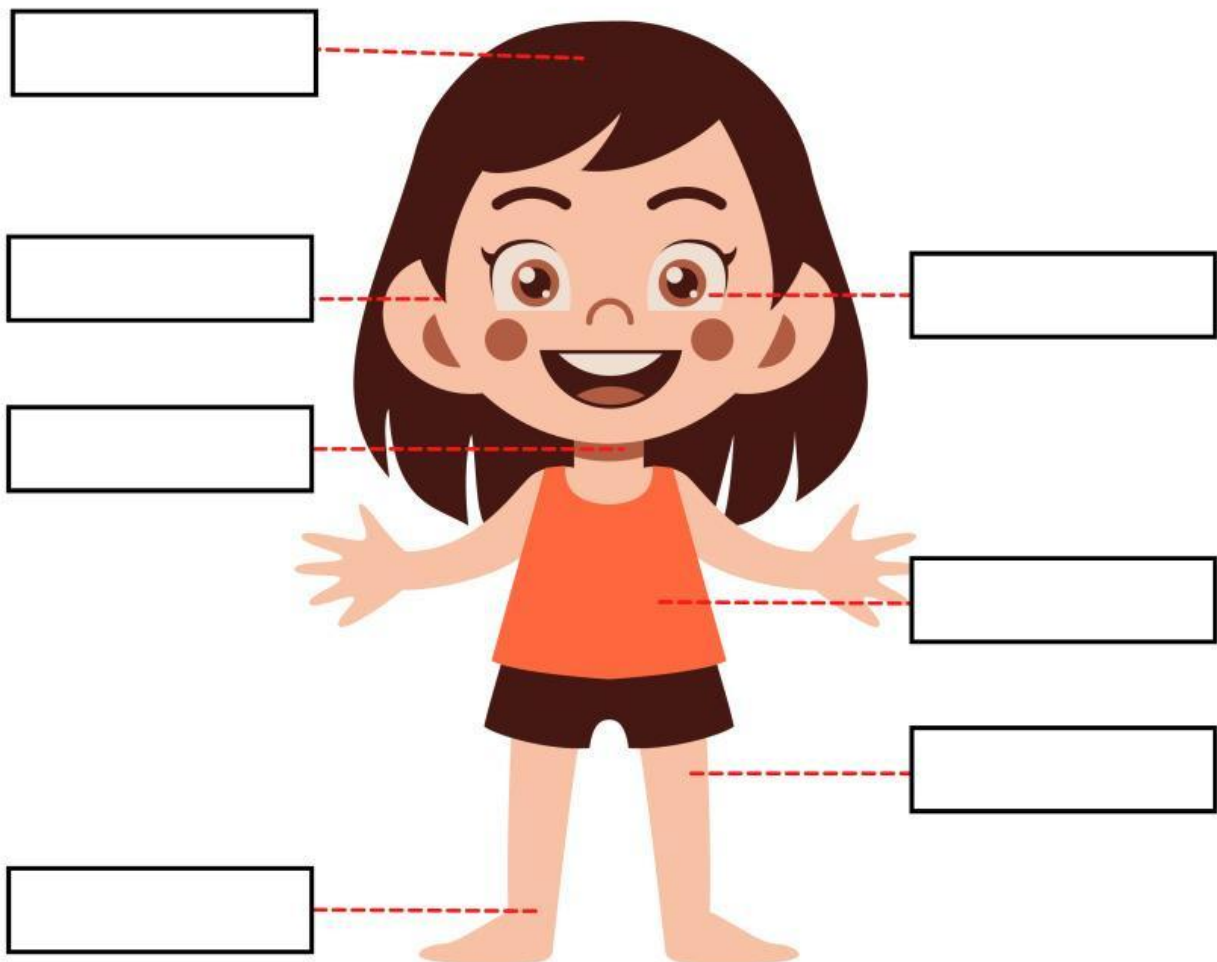
Score: _____

Class: _____

Date: _____

My Body

Directions: Choose the correct answer below.
Write in the box.



foot

neck

ear

hair

eye

stomach

knee