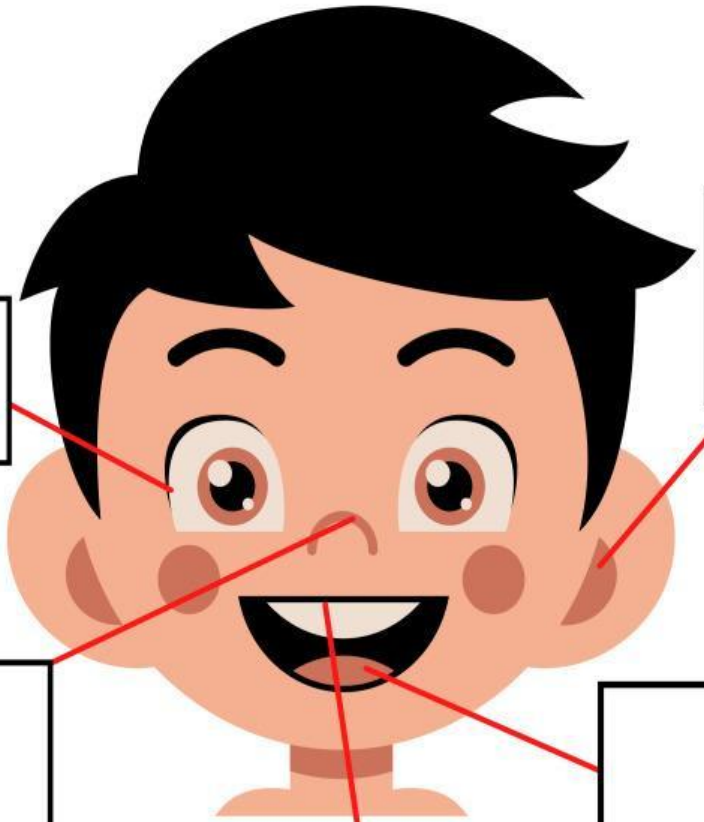
NAME : CLASS : DATE :

Directions: Choose the correct answer below.

ear	mouth	eye
teeth	nose	



LIVEWORKSHEETS