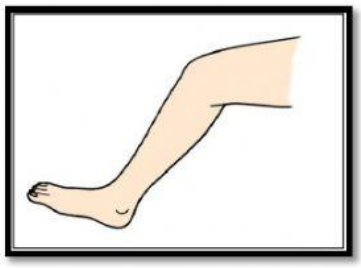
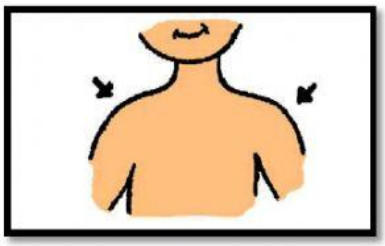
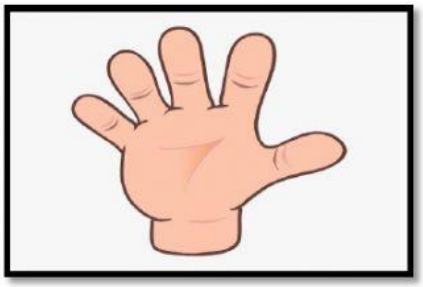
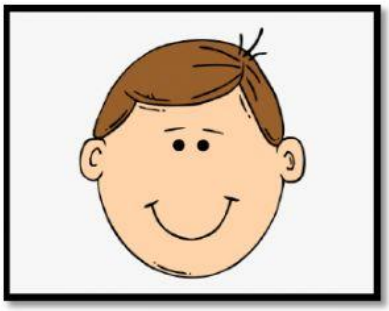
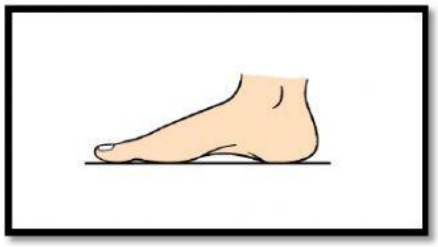
Name: _____ **Date:** _____

Parts of the Body

❖ Look at body part and circle the right name.

 Leg Hand	 Foot Chest
 Hand Arm	 Foot Head
 Foot Head	 Arm Leg

LIVEWORKSHEETS