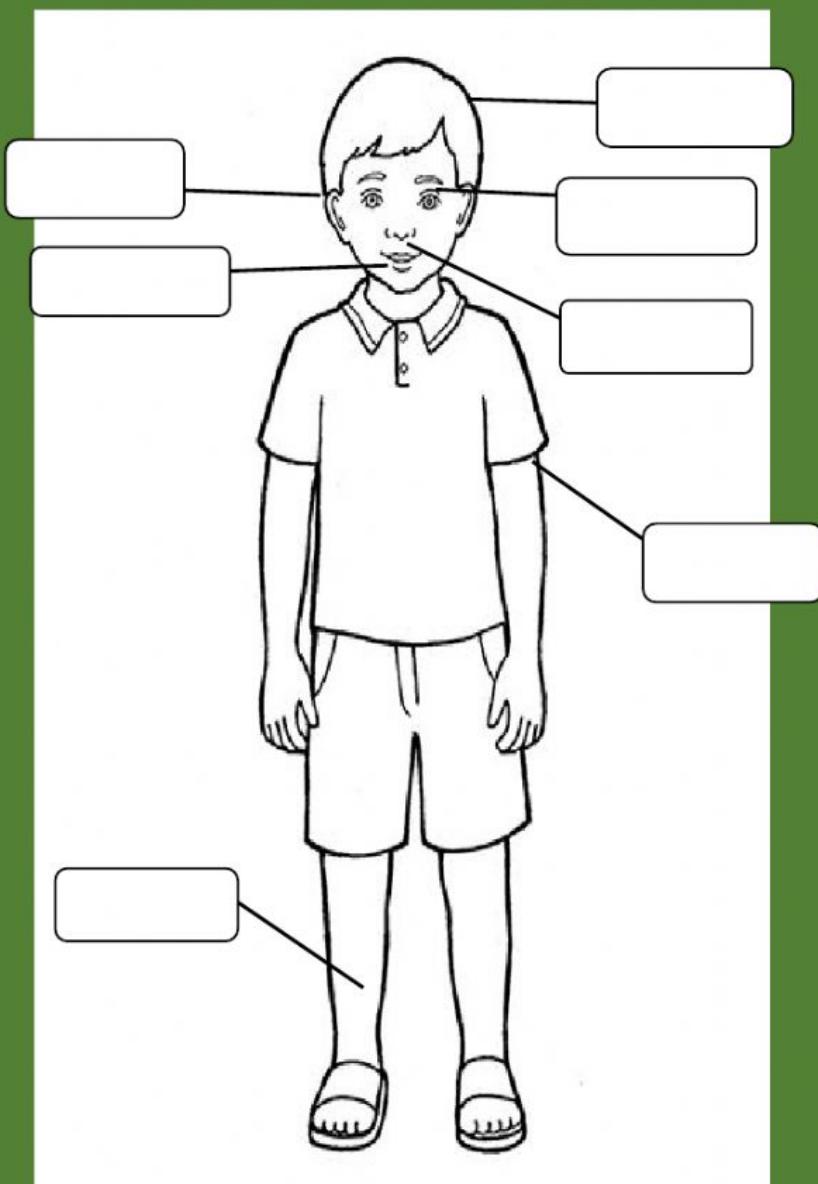


Name: _____

Date: _____

Label the body parts



Eyes

mouth

Nose

leg

hand

head

ears