

NAME:

DATE:

# body parts

*Write the words below next to the correct picture.*

foot / head / hand / ear / eye / nose /  
mouth / arm / leg / hair



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



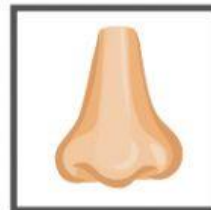
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