













Name: _____ Date: _____

BODY PARTS



Look and listen

Then choose the correct answer. 

  <input type="text" value="eye"/>  <input type="text" value="mouth"/>	  <input type="text" value="nose"/>  <input type="text" value="ear"/>
  <input type="text" value="nose"/>  <input type="text" value="eye"/>	  <input type="text" value="eye"/>  <input type="text" value="mouth"/>