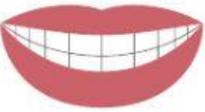
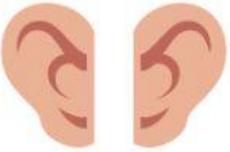


Name: _____

Date: _____

Parts of the body

Look at the pictures and circle the correct words

	<input type="text" value="body"/> <input type="text" value="head"/>		<input type="text" value="nose"/> <input type="text" value="mouth"/>
	<input type="text" value="hair"/> <input type="text" value="face"/>		<input type="text" value="hand"/> <input type="text" value="foot"/>
	<input type="text" value="nose"/> <input type="text" value="mouth"/>		<input type="text" value="hand"/> <input type="text" value="arm"/>
	<input type="text" value="eyes"/> <input type="text" value="nose"/>		<input type="text" value="arm"/> <input type="text" value="foot"/>
	<input type="text" value="ears"/> <input type="text" value="eyes"/>		<input type="text" value="leg"/> <input type="text" value="fingers"/>