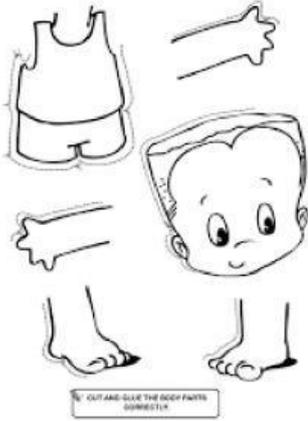


MY BODY



MY BODY

Fill in the blanks with body words. NAME: _____

**NOSE MOUTH EYES EARS HANDS LEGS FEET
CHIN KNEE TOES**

1. I smelled the sweet scent with my _____
2. He put the berry in his _____ to taste it.
3. My _____ were tired after running all day.
4. Mom dipped her _____ into the call water.
5. The class clapped their _____ at the end.
6. Bob had cake frosting on his _____
7. I opened my _____ to see the movie.