

Name:

Score:

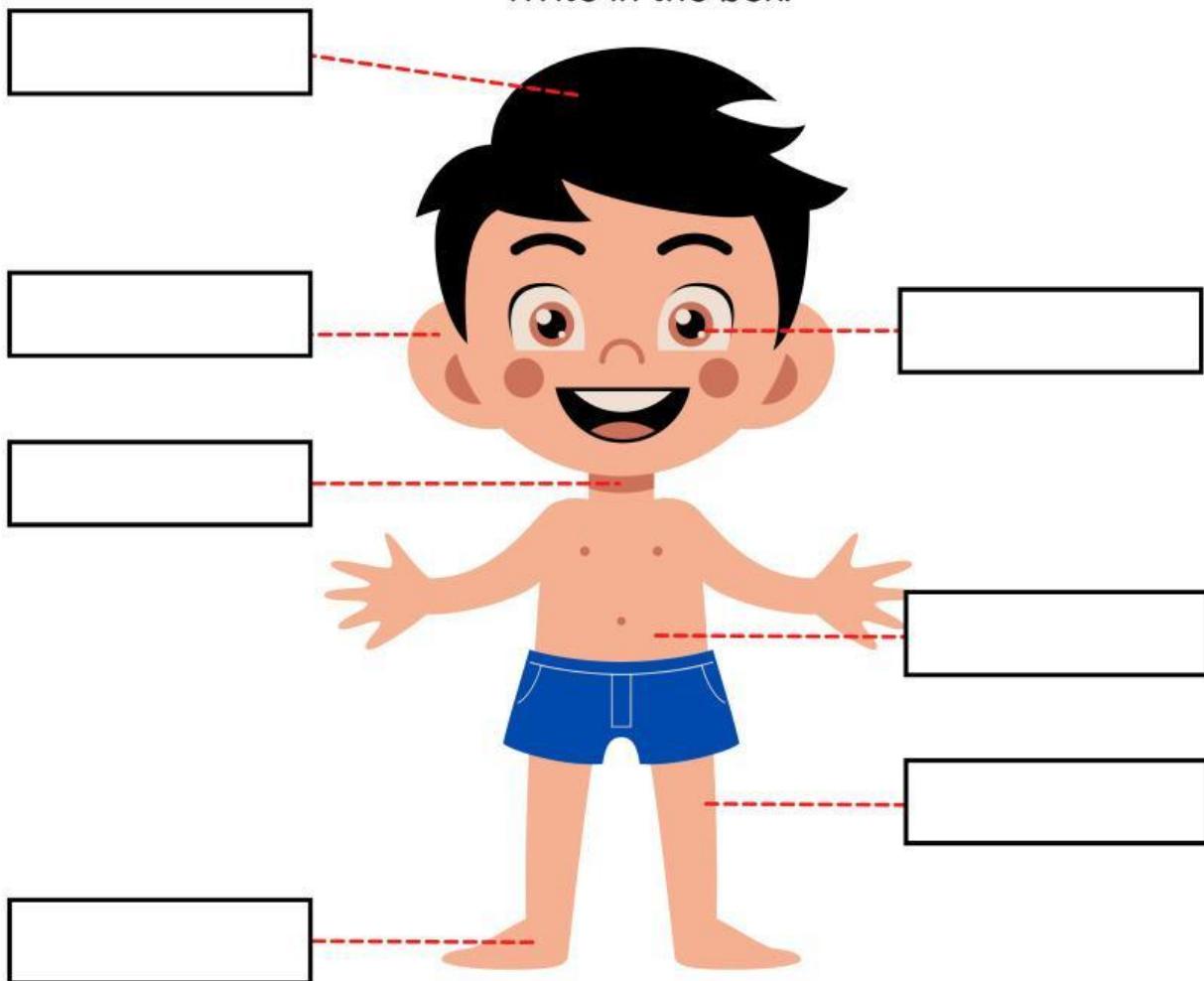
Class:

Date:

My Body

Directions: Choose the correct answer below.

Write in the box.



foot

neck

ear

hair

eye

stomach

knee