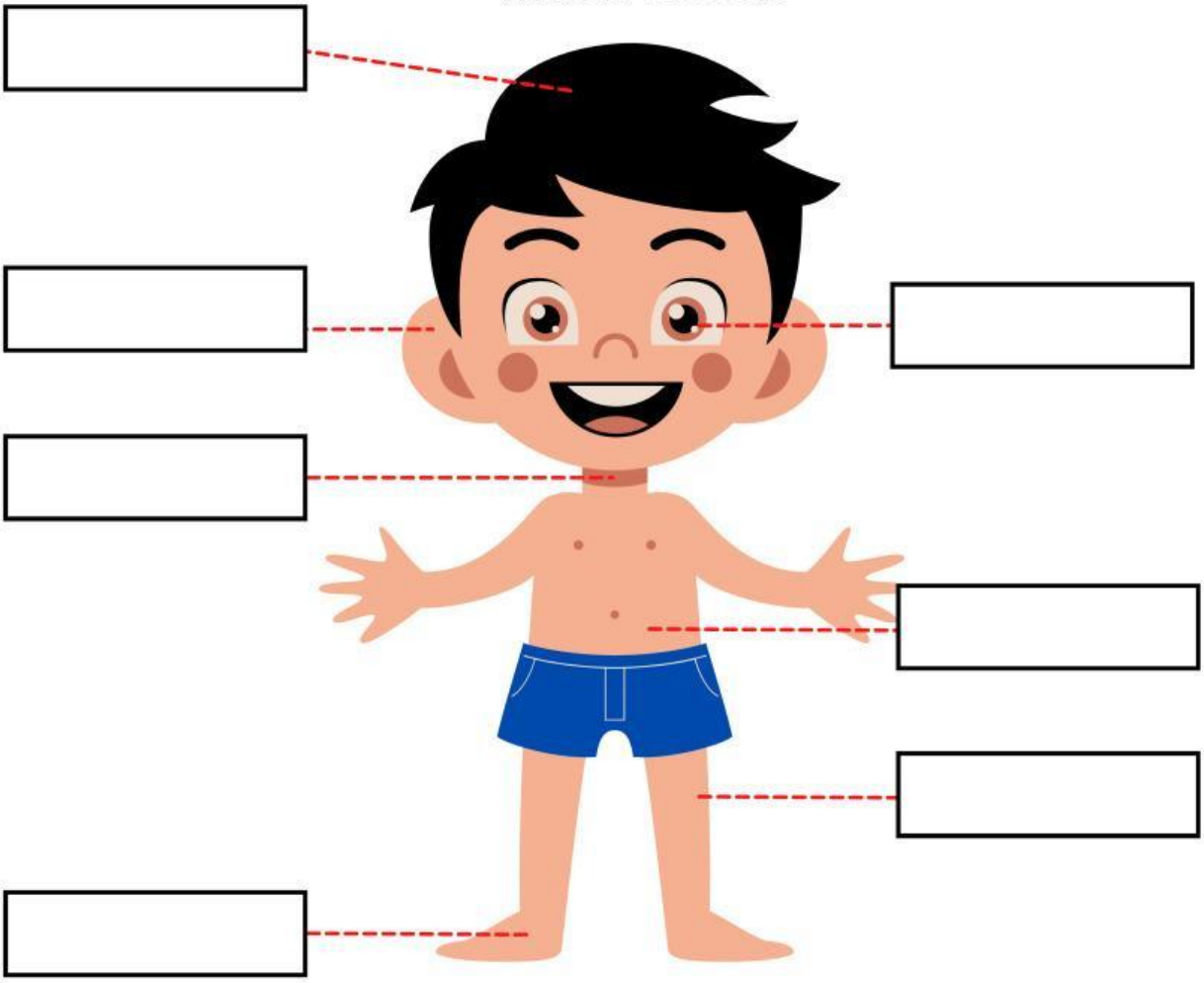
Name: Score:

Class: Date:

My Body

Directions: Choose the correct answer below.
Write in the box.



foot neck ear hair

eye stomach knee

LIVEWORKSHEETS