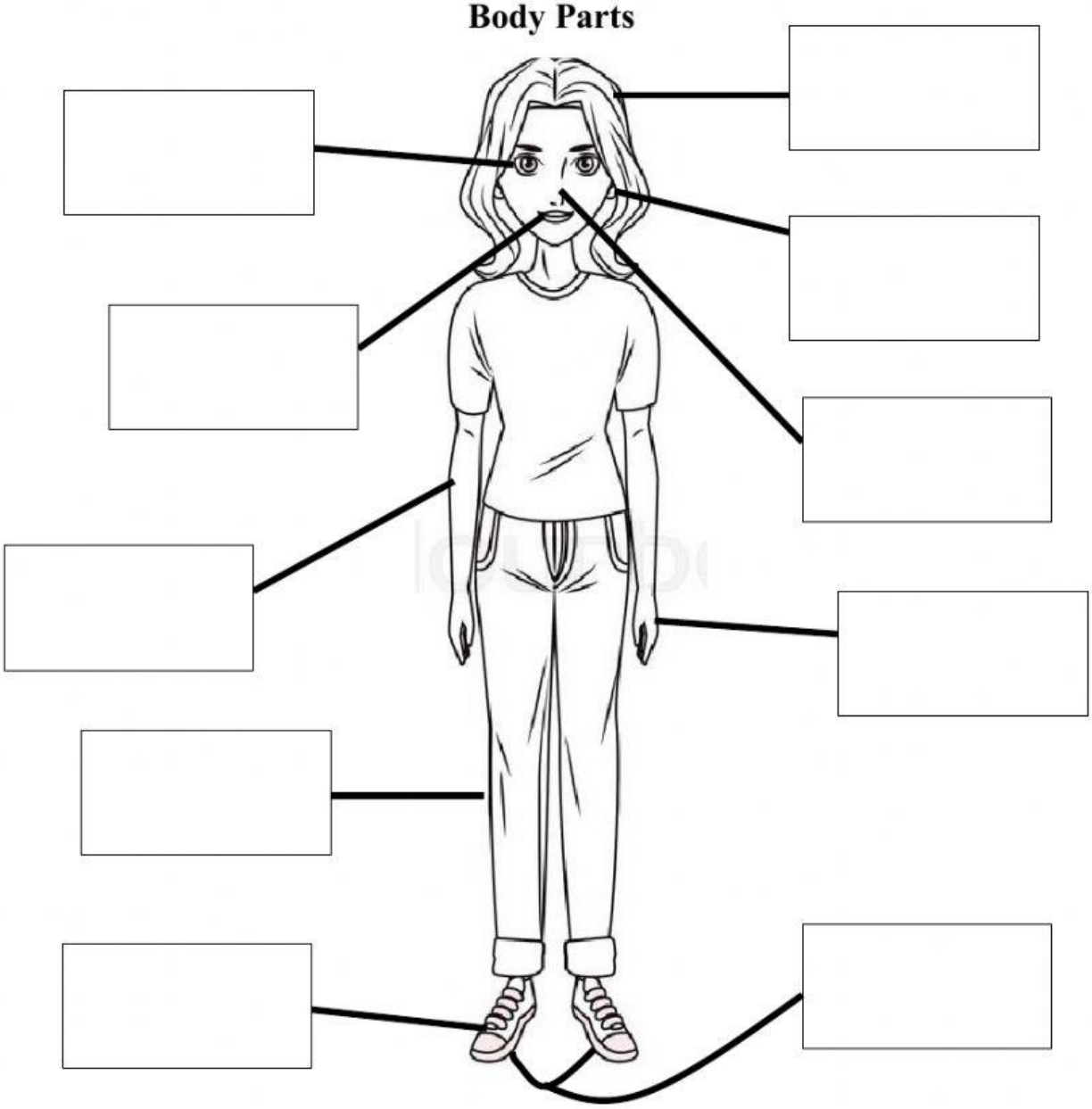
Name: _____

Date: _____ Level: _____

Body Parts



eye	head	ear	mouth	hand
nose	arm	leg	foot	feet