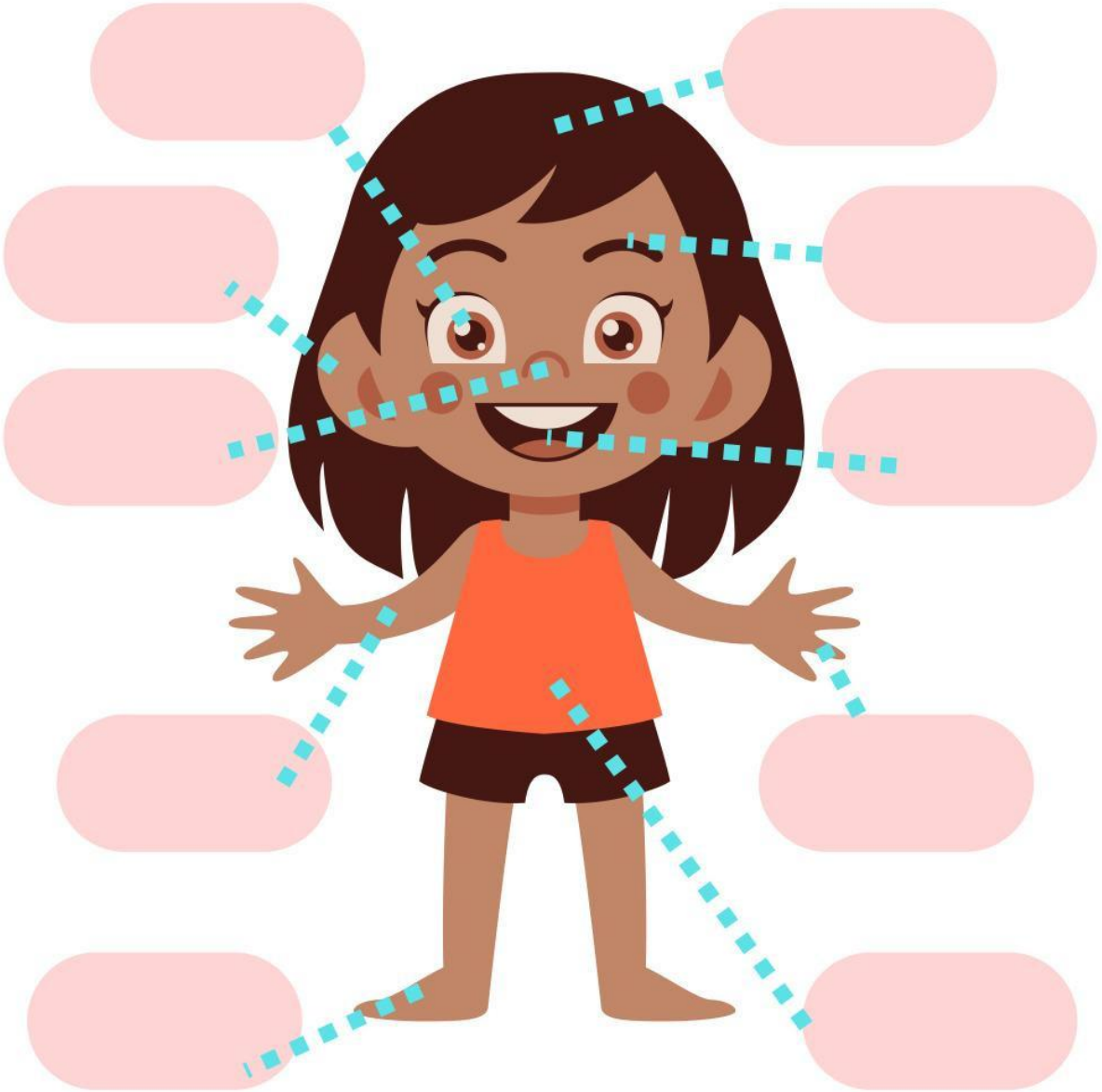
Name: Date:

Parts of the body

- **Drag and drop the parts of the body**



HAIR EAR EYEBROW

EYE

FOOT HAND MOUTH

ARM

NOSE STOMACH