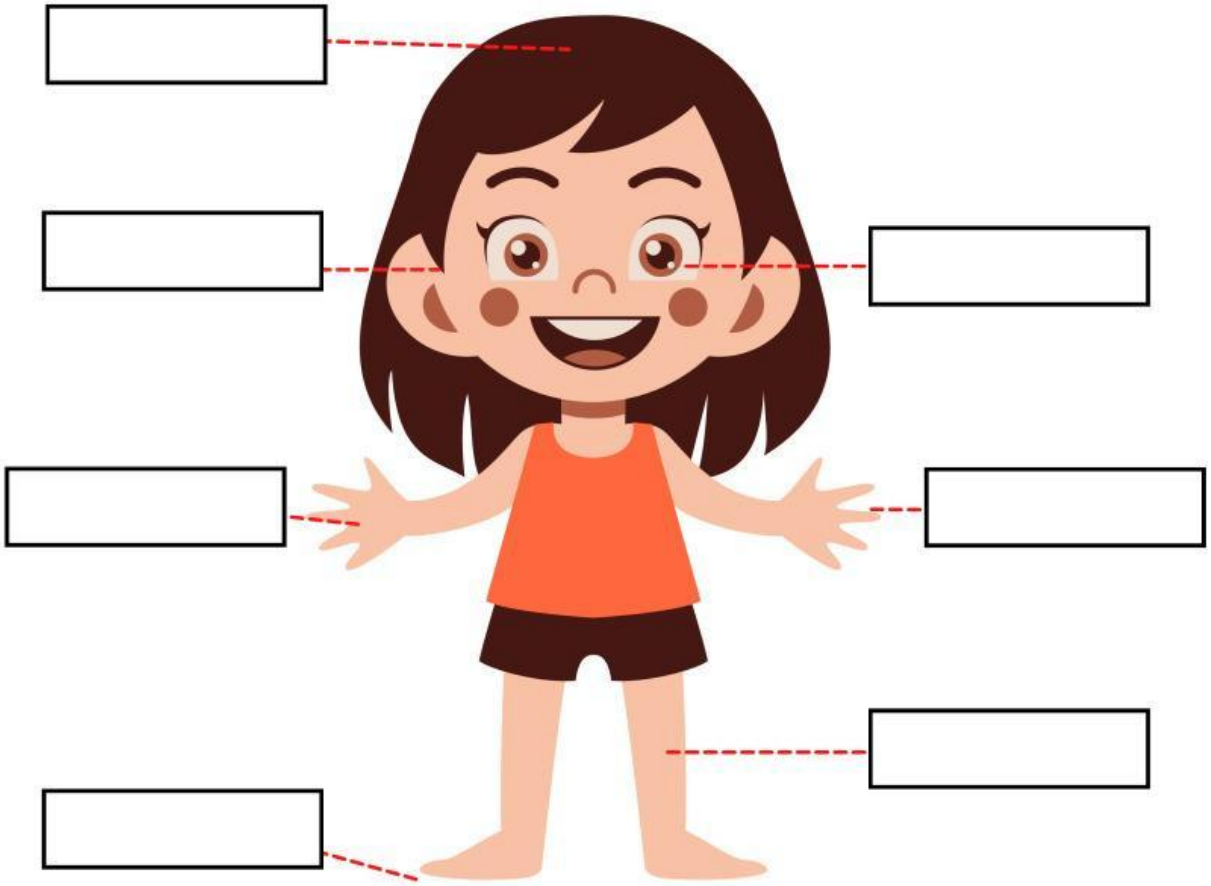
Name: Score:

Class: Date:

My Body

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



toes leg ear head

eye hand finger

LIVEWORKSHEETS