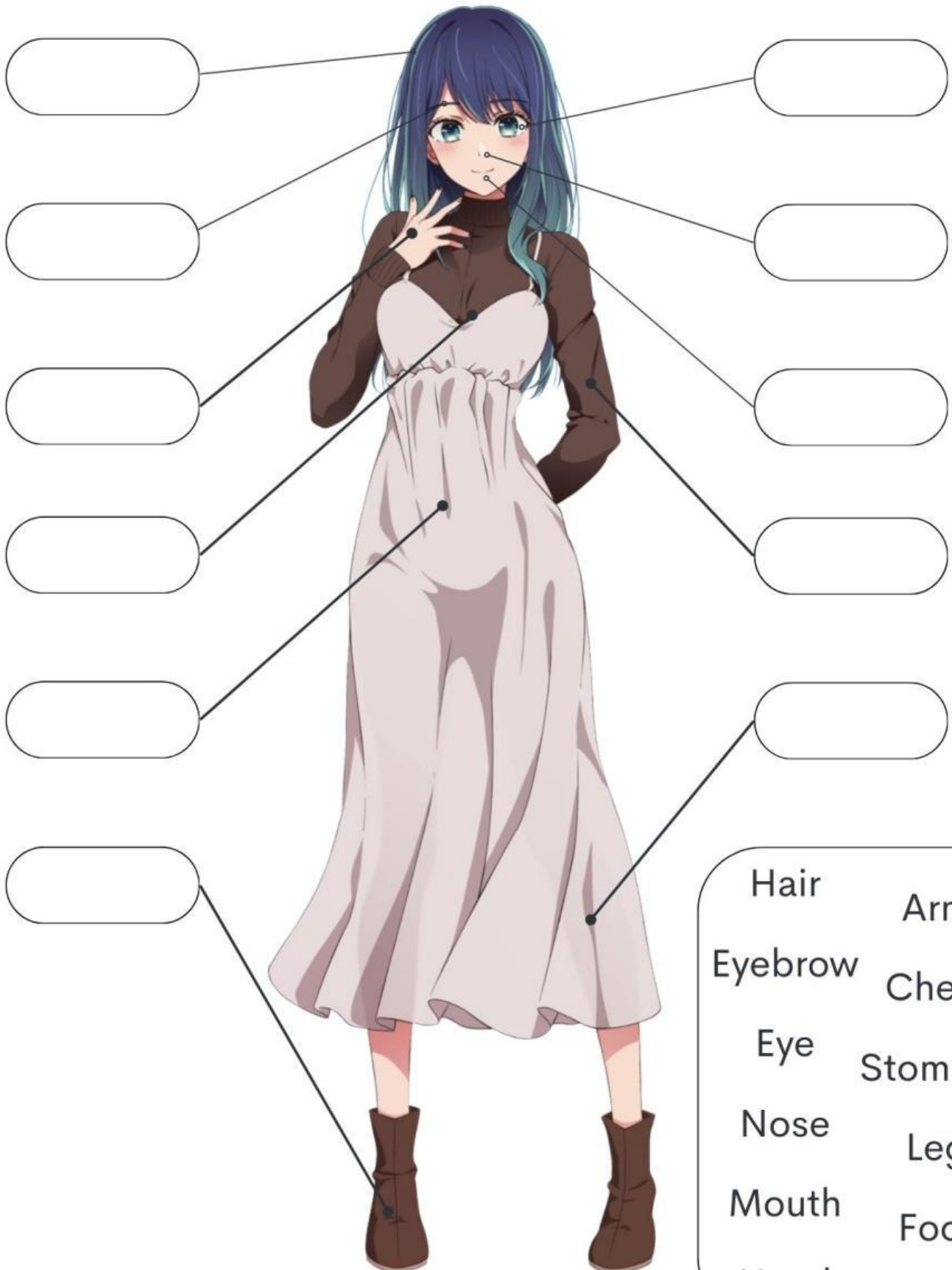


Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date: \_\_\_\_\_

# BODY PARTS HUMAN



|         |         |
|---------|---------|
| Hair    | Arm     |
| Eyebrow | Chest   |
| Eye     | Stomach |
| Nose    | Leg     |
| Mouth   | Foot    |
| Hand    |         |