

Name : _____

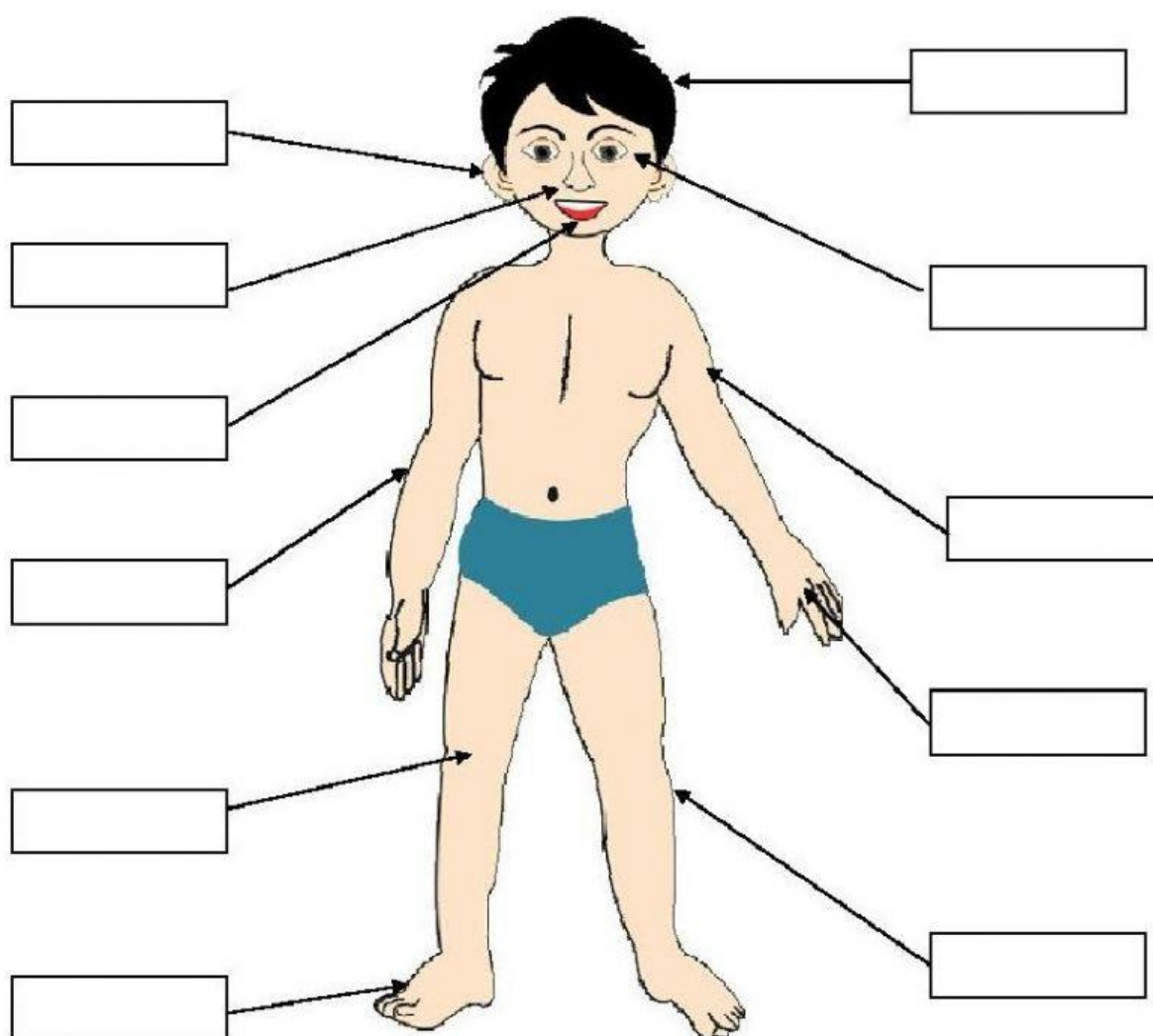
Year 1

Date: _____

Topic : Body Parts

My Body Worksheet

Look at the bellow picture and use the word bank of at bottom of the page to help label the different part of the body.



Hair	Eye	Leg	Arm	Nose
Mouth	Hand	Ear	Knee	Elbow
		Foot		

Name : _____

Year 1

Date: _____

The Five Senses

Cut and paste the words that matches the correct action for each body part.

We with our



We with our



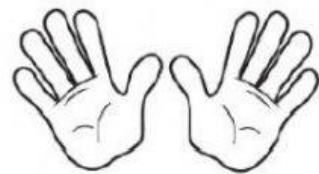
We with our



We with our



We with our



listen

see

touch

taste

smell

Name : _____

Year 1

Date: _____



Sense of touch

Circle the items you can touch



My hands can feel.

© 2011 by Mrs. J. A. Smith



Sense of smell

Circle the items you can smell



My nose can smell.

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Name : _____

Year 1

Date: _____

 **Sense of Sight**

Circle the items you can see.



see

My eyes can see.

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 **Sense of Taste**

Circle the items you can taste.

taste



My tongue can taste.

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Name : _____

Year 1

Date: _____

 **Sense of hearing**

Circle the items you can hear.

hear

My ears can hear.

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