

Name:

Score:

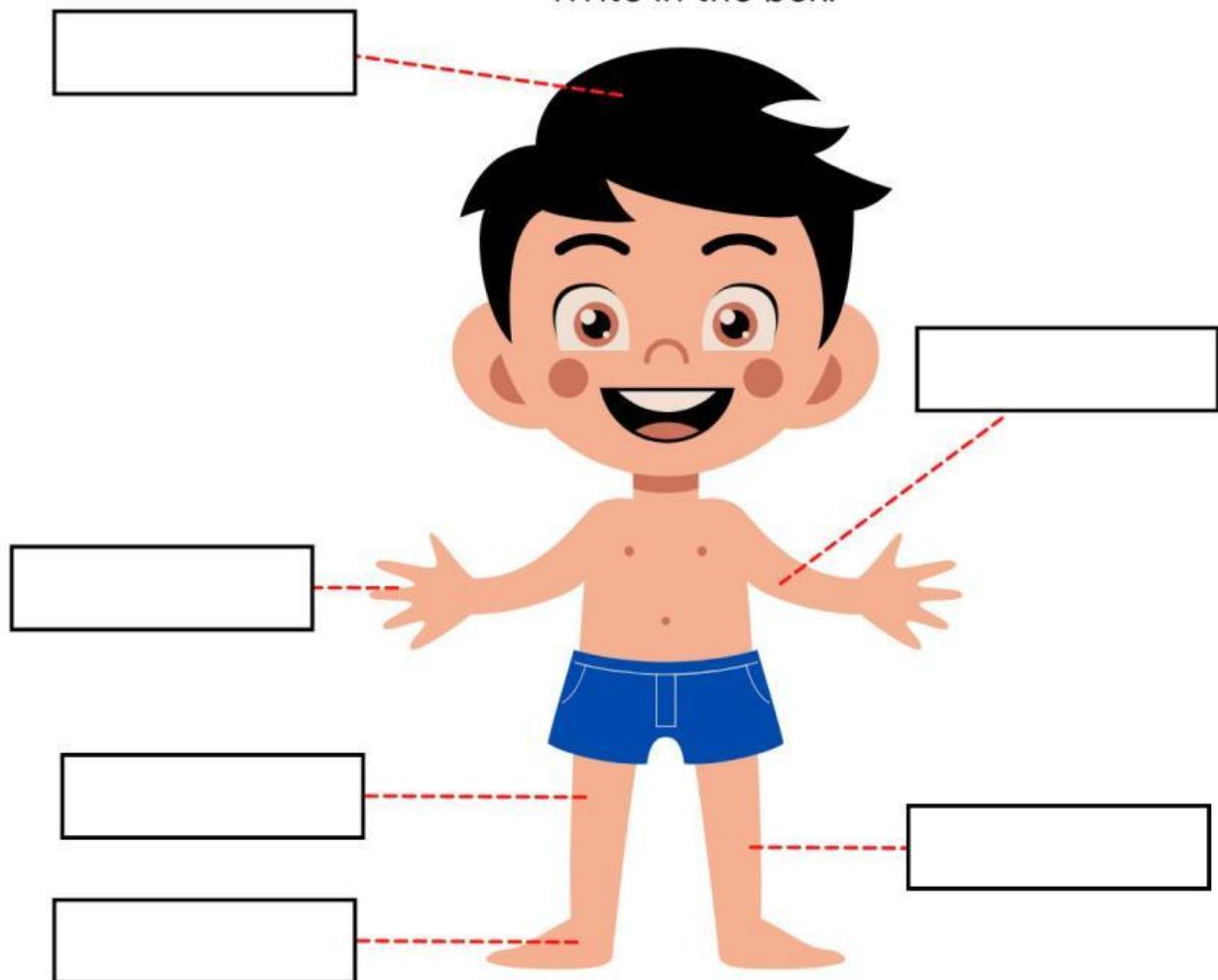
Class:

Date:

# My Body

Directions: Choose the correct answer below.

Write in the box.



FOOT

LEG

HAND

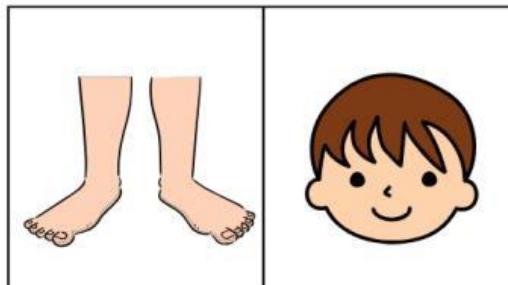
HEAD

ARM

KNEE



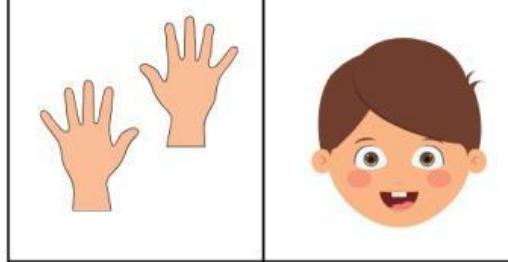
**HEAD**



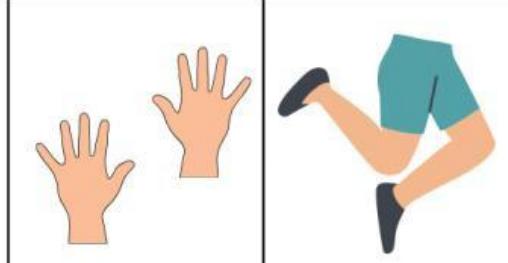
**ARMS**



**HANDS**



**LEGS**



# CLOTHES MATCHING



SOCKS



SHOES



DRESS



CAP



T-SHIRT



PANTS



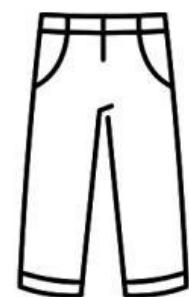
SKIRT



SHORTS



COAT



BOOTS