





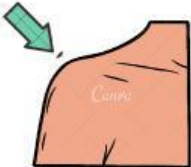





Name: \_\_\_\_\_

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

# Parts of the body

Look at the pictures and write the names of the parts of the body

Head	Eyes	Mouth	Knee
Ears	Arm	Foot	
Nose	Hand	Shoulder	

 <input data-bbox="523 683 750 757" type="text"/>	 <input data-bbox="1050 734 1276 808" type="text"/>
 <input data-bbox="534 952 761 1025" type="text"/>	 <input data-bbox="1053 963 1279 1037" type="text"/>
 <input data-bbox="518 1214 769 1288" type="text"/>	 <input data-bbox="1050 1220 1276 1294" type="text"/>
 <input data-bbox="539 1496 766 1570" type="text"/>	 <input data-bbox="1053 1473 1279 1547" type="text"/>
 <input data-bbox="523 1769 750 1843" type="text"/>	 <input data-bbox="1053 1758 1279 1832" type="text"/>