

Name: _____

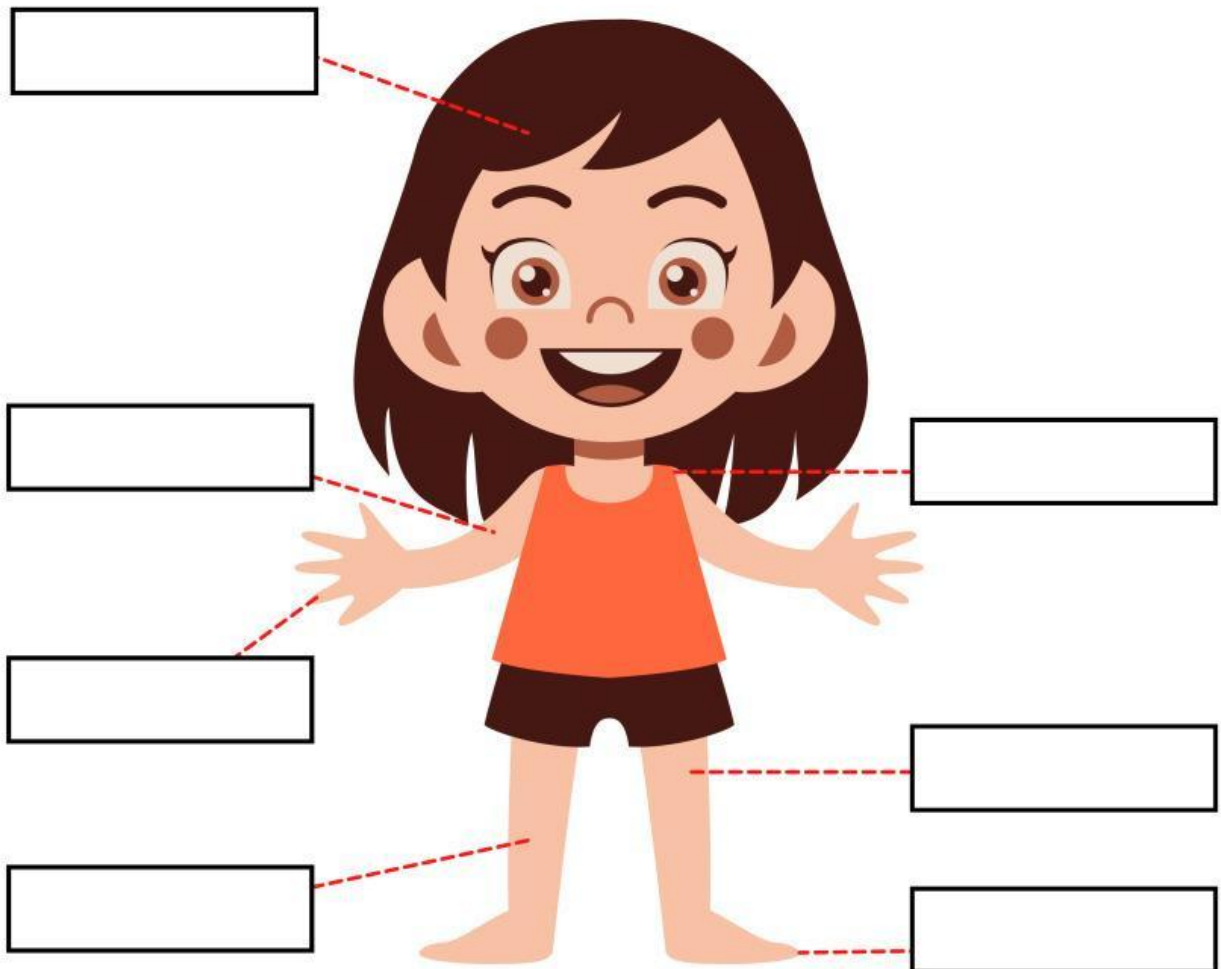
Score: _____

Class: _____

Date: _____

My Body

Label parts of body.



leg

shoulder

head

arm

finger

knee

toe