

Name: _____

Score: _____

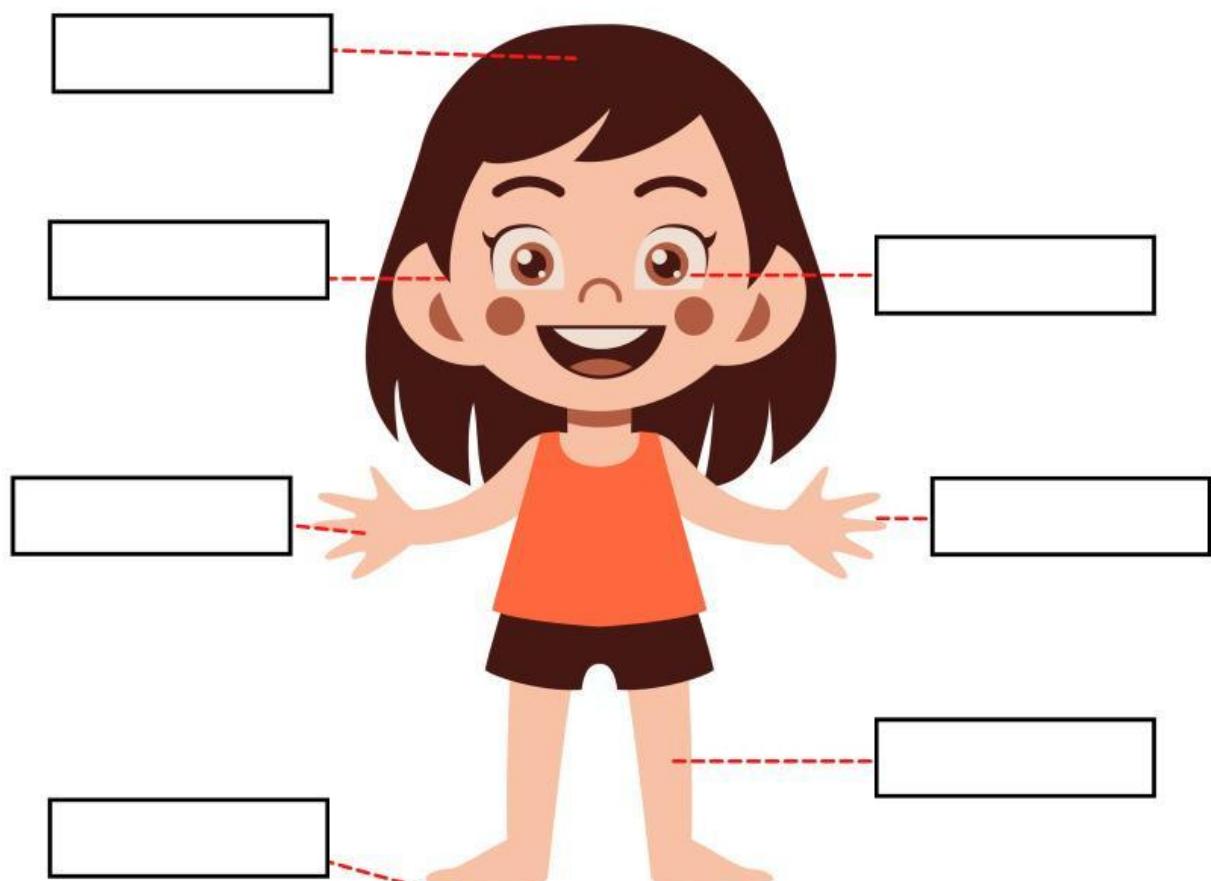
Class: _____

Date: _____

My Body

Directions: Choose the correct answer below.

Write in the box.



toes

leg

ear

head

eye

hand

finger