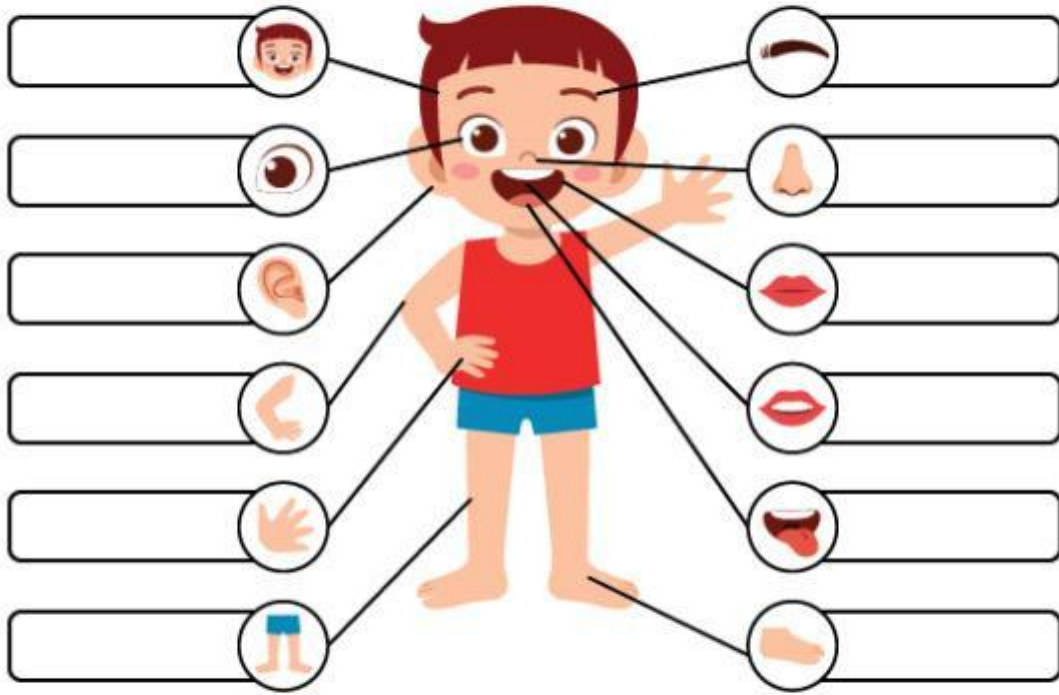


Name : \_\_\_\_\_

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

Look at the picture and write the correct word in the blank.



- |        |           |        |          |
|--------|-----------|--------|----------|
| • Head | • Eyebrow | • Arm  | • Mouth  |
| • Eye  | • Nose    | • Hand | • Tongue |
| • Ear  | • Lip     | • Leg  | • Foot   |