

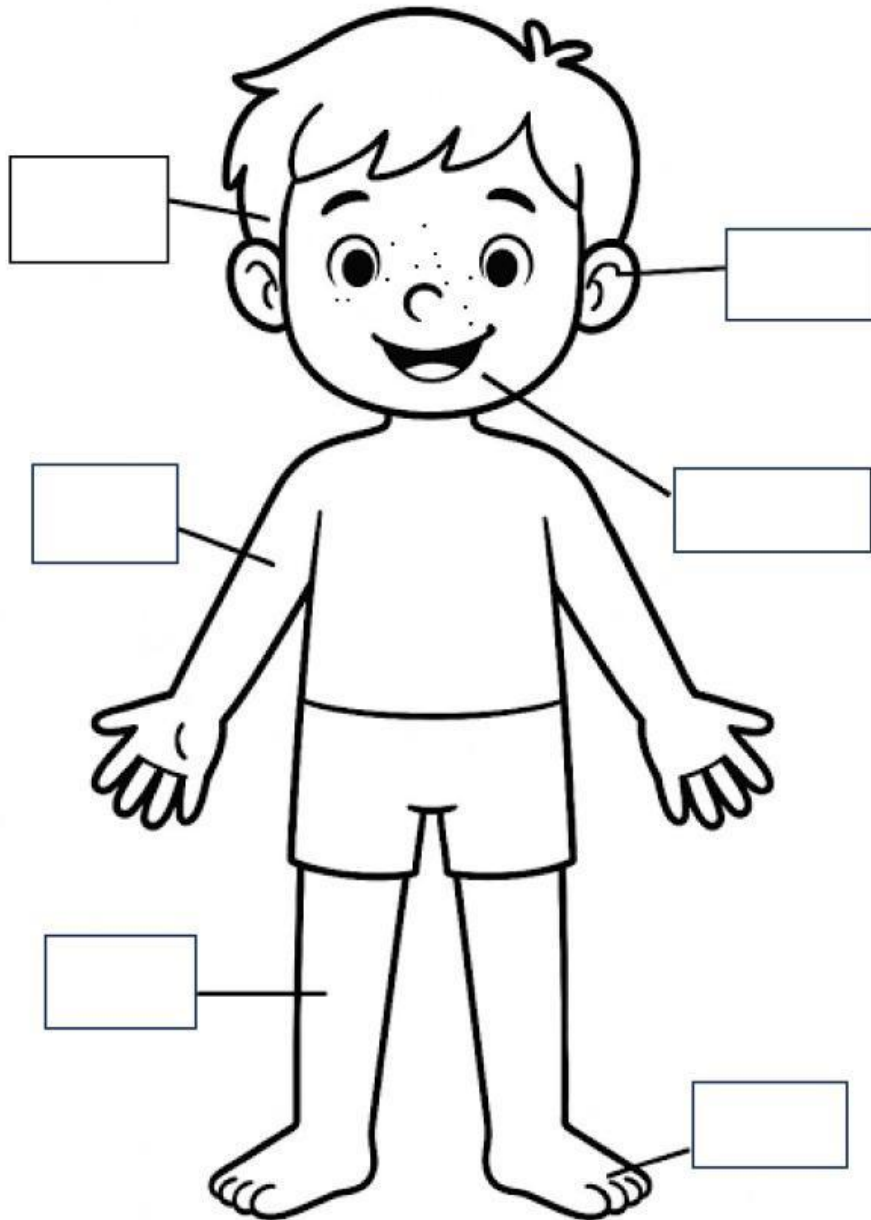


Body parts

Name:

Date: / /

list number:



Ears

hear

Arm

Mouth

Leg

food