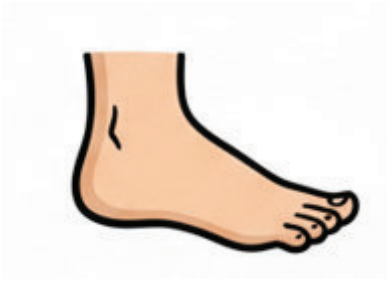
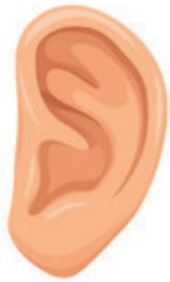
Body Parts

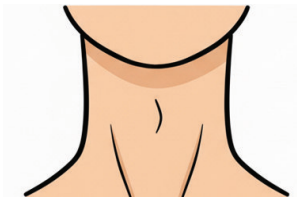
Name _____

Score _____

Fill in the blanks.







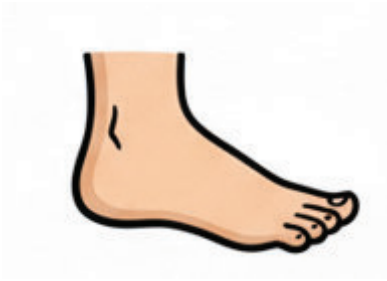
Ear Neck Foot Mouth Hand

Body Parts

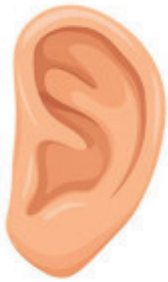
Name _____

Score _____

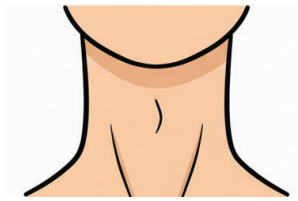
Fill in the blanks.



Foot



Ear



Neck

Mouth

Hand

Ear Neck Foot Mouth Hand