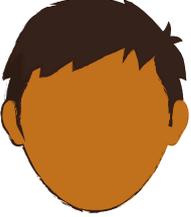
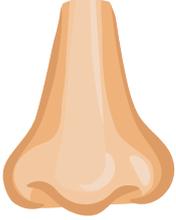
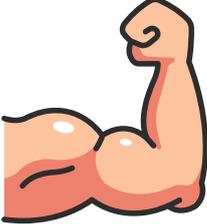


NAME:

DATE:

# Body Parts

Look at the picture and circle the correct word.

	<input type="text" value="head"/> <input type="text" value="hed"/>		<input type="text" value="ear"/> <input type="text" value="eye"/>
	<input type="text" value="ear"/> <input type="text" value="eye"/>		<input type="text" value="noz"/> <input type="text" value="nose"/>
	<input type="text" value="mouth"/> <input type="text" value="mouf"/>		<input type="text" value="alm"/> <input type="text" value="arm"/>
	<input type="text" value="leg"/> <input type="text" value="lig"/>		<input type="text" value="hand"/> <input type="text" value="hanb"/>
	<input type="text" value="her"/> <input type="text" value="hair"/>		<input type="text" value="hand"/> <input type="text" value="foot"/>