



Level: _____



Alavi

Full Name: _____

Date: _____

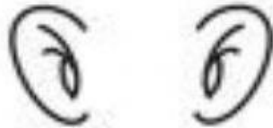
Topic: _____



eyes



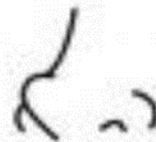
mouth



ears



fingers



nose

1 2 3 4 5 6 7 8 9 10

Comment:

