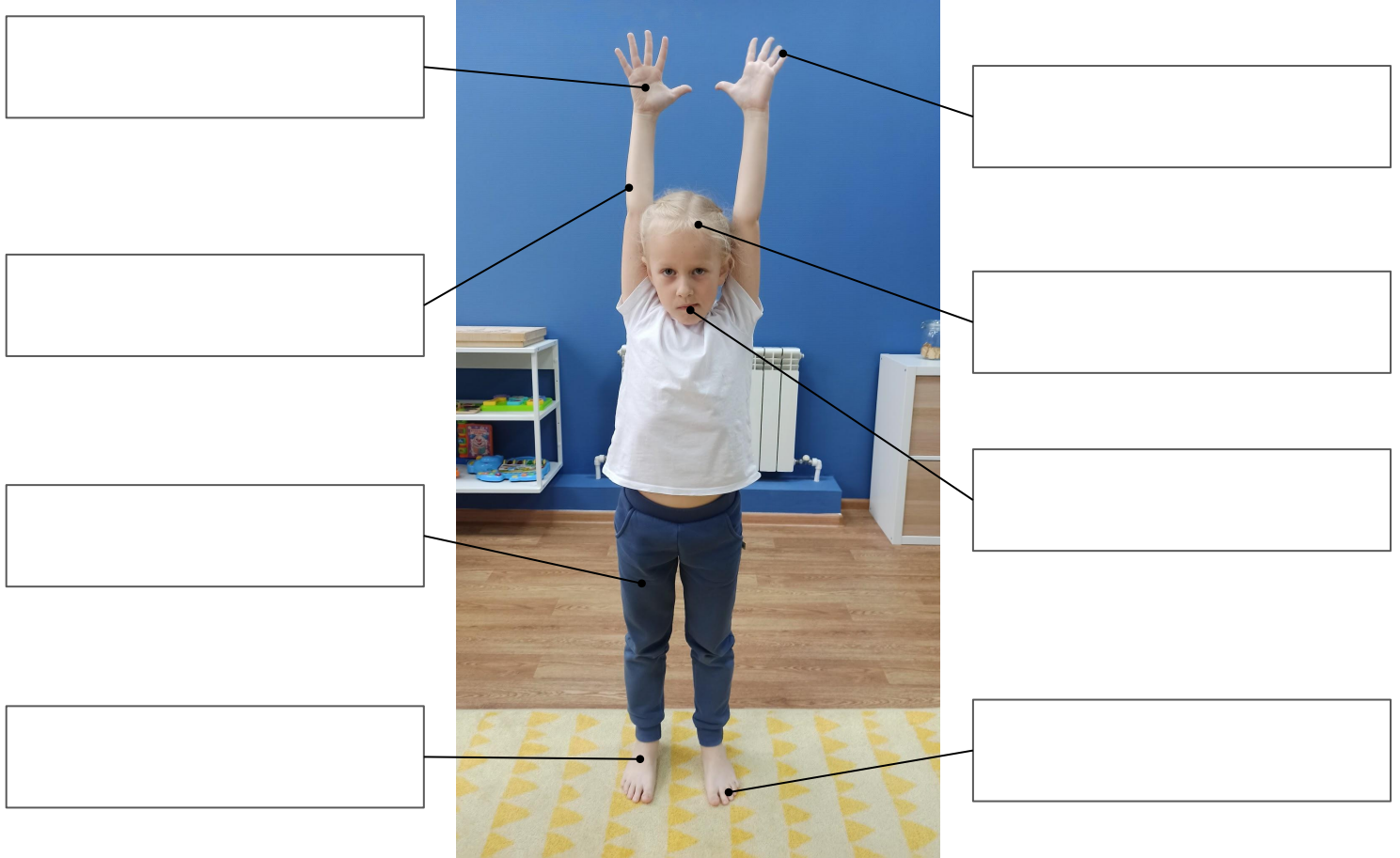


Name: \_\_\_\_\_ Date: \_\_\_\_\_

Task: write the parts of your body. Choose the words from the box.



head hand leg foot mouth arm finger toe

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

Task: write the parts of your body. Choose the words from the box.



head hand leg foot mouth arm finger toe

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

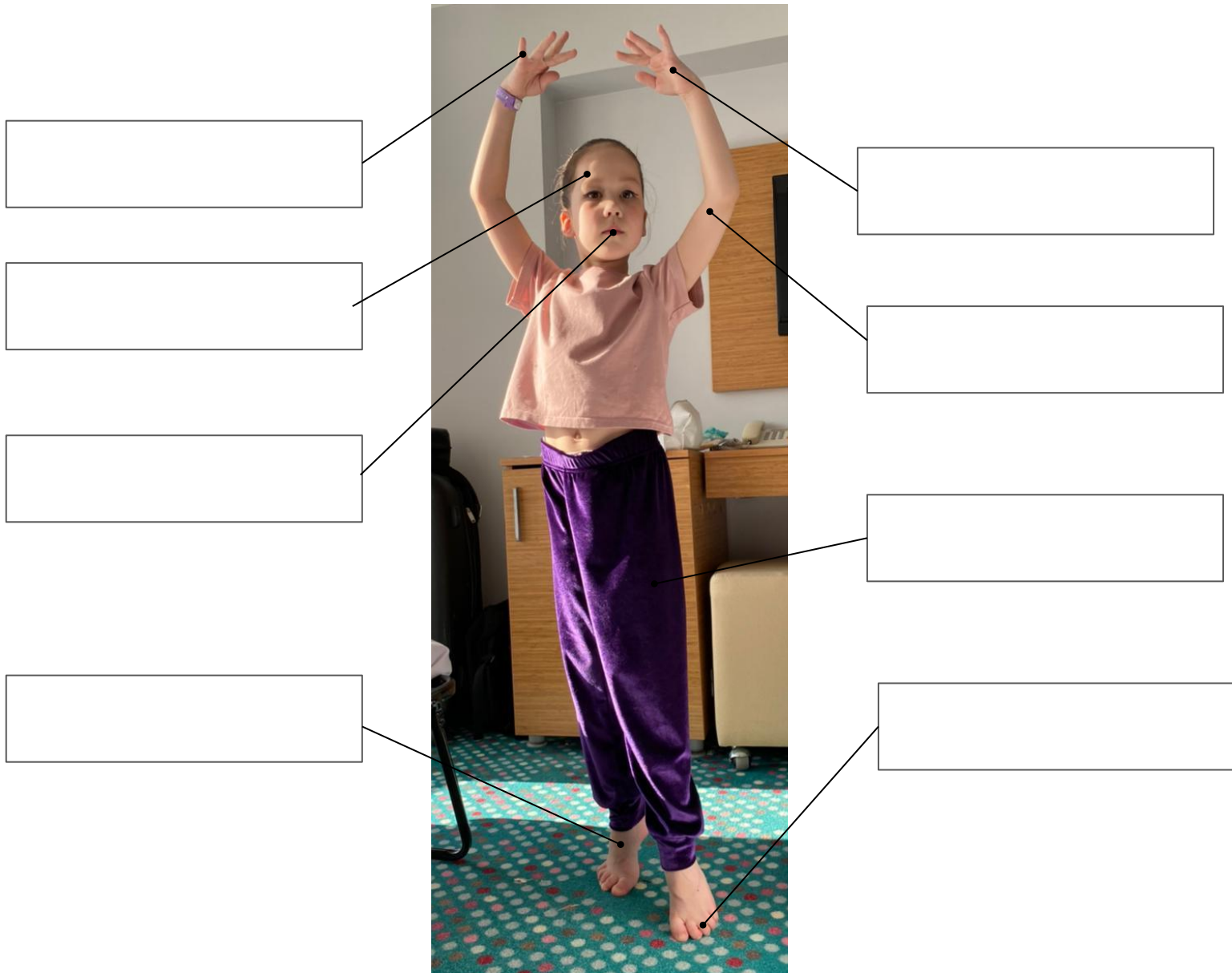
Task: write the parts of your body. Choose the words from the box.



head hand leg foot mouth arm finger toe

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

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head hand leg foot mouth arm finger toe