

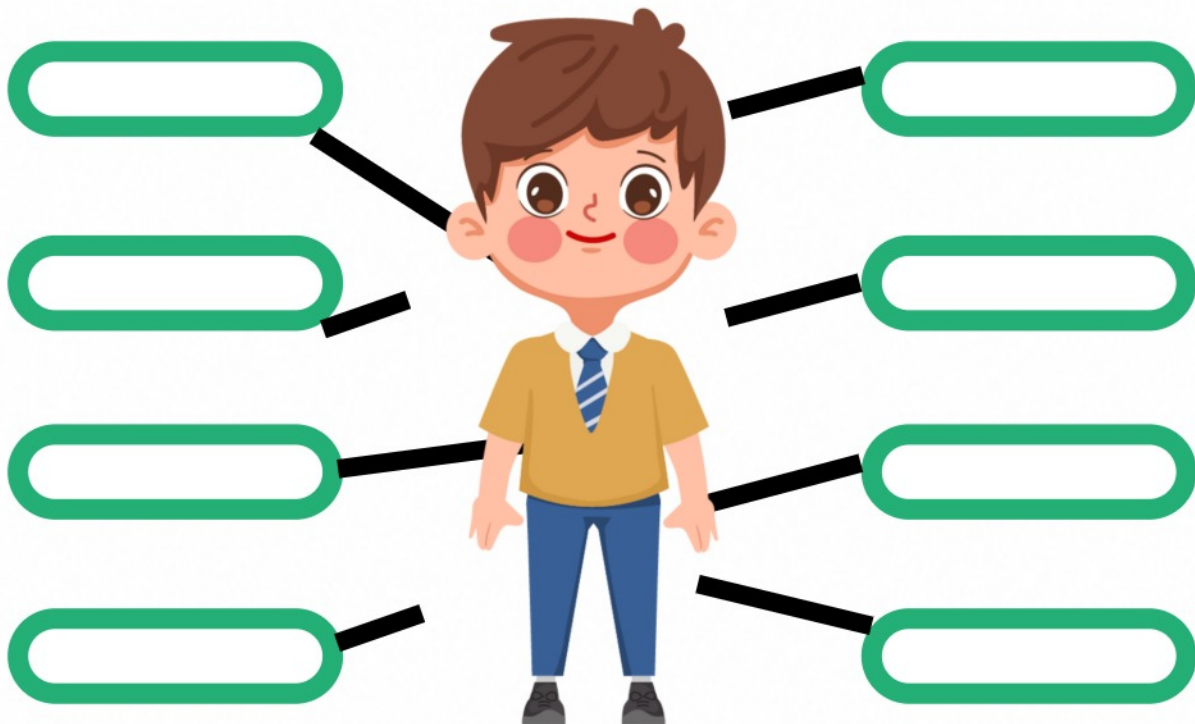
Name : _____

Date : _____

Grade : _____

Parts of the Body

Fill in the boxes with the correct parts of the body.



Arm

Foot

Knee

Hand

Leg

Head

Neck

Stomach