









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

|   |          |    |         |
|---|----------|----|---------|
| 1 | MOUTH    | 9  | ELBOW   |
| 2 | HANDS    | 10 | KNEE    |
| 3 | EYE      | 11 | EAR     |
| 4 | SHOULDER | 12 | EYEBROW |
| 5 | NOSE     | 13 | ARM     |
| 6 | HAIR     | 14 | ANKLE   |
| 7 | TEETH    | 15 | CHIN    |
| 8 | FOOT     | 16 | LEG     |