

Name: _____

Date: _____

Body Parts

I A L L O V Z D U X

J R E E E F Q E I S

A M G B Q I M L S O

U K H K F N Z B H W

A S I D O G E O O R

N H P A O E H W U I

K B H H T R A E L S

L F K E R A N V D T

E I K A C P D W E I

A D H D K N E E R C

shoulder finger ankle elbow

wrist foot knee hand

head leg hip arm