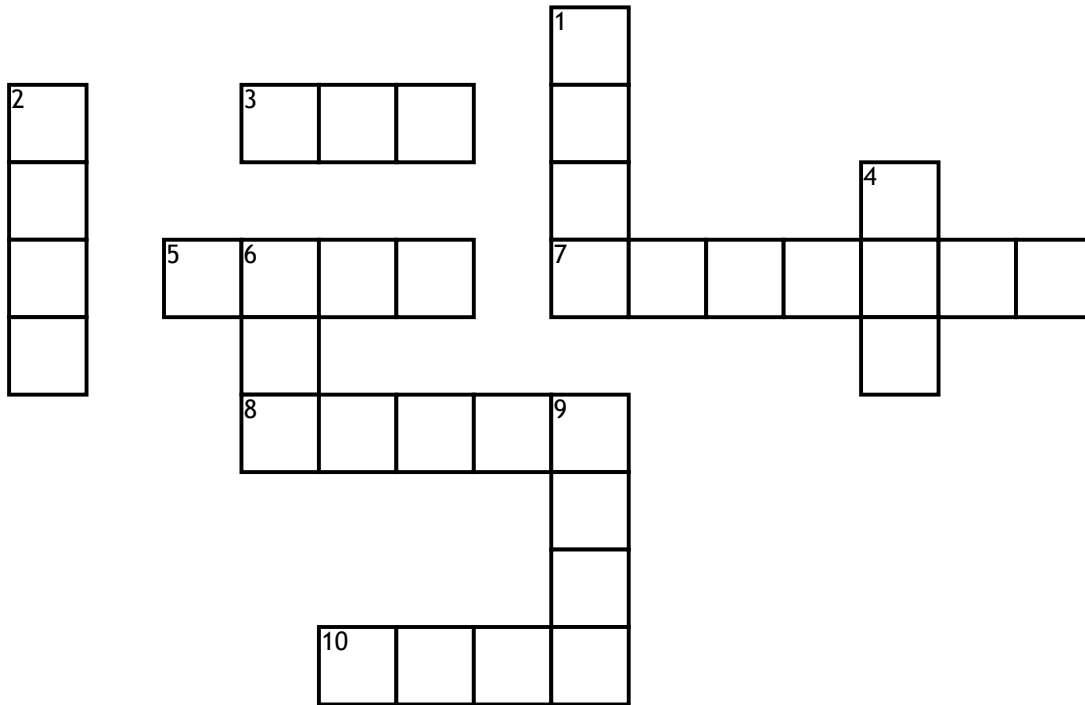


Name: _____

Date: _____

Body Parts



Across

- 3. leg
- 5. back
- 7. stomach
- 8. mouth
- 10. head

Down

- 1. eyes
- 2. nose
- 4. ear
- 6. arm
- 9. hand