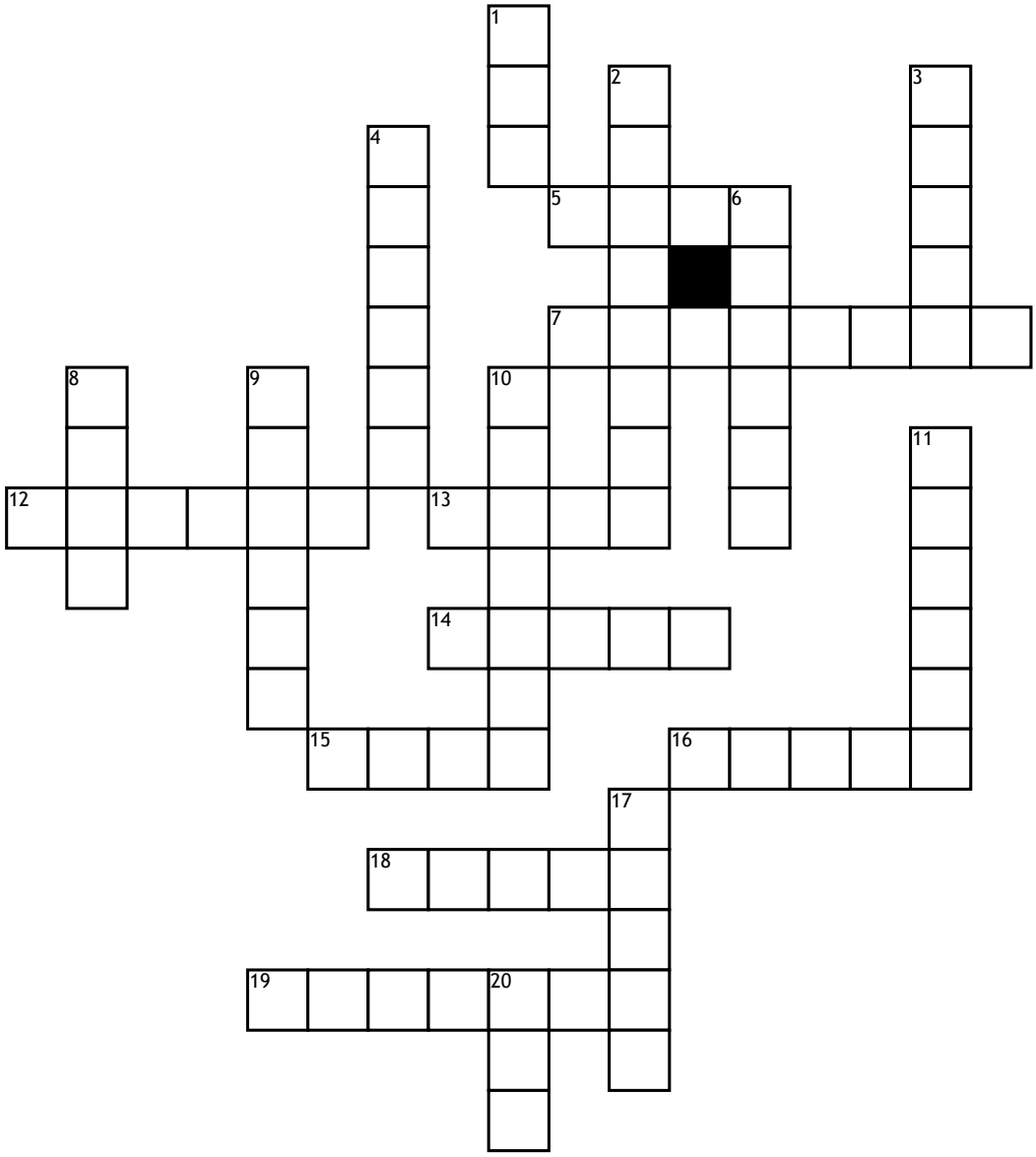
Name: _____ Date: _____

Body Parts



Across

5. Foot
7. Ears
12. Tongue
13. Head
14. Knee
15. Eyes
16. Heel
18. Leg
19. Wrist

Down

1. Back
2. Chest
3. Elbow
4. Shoulder
6. Fingers
8. Arm
9. Mouth
10. Hair
11. Chin
17. Teeth
20. Nose