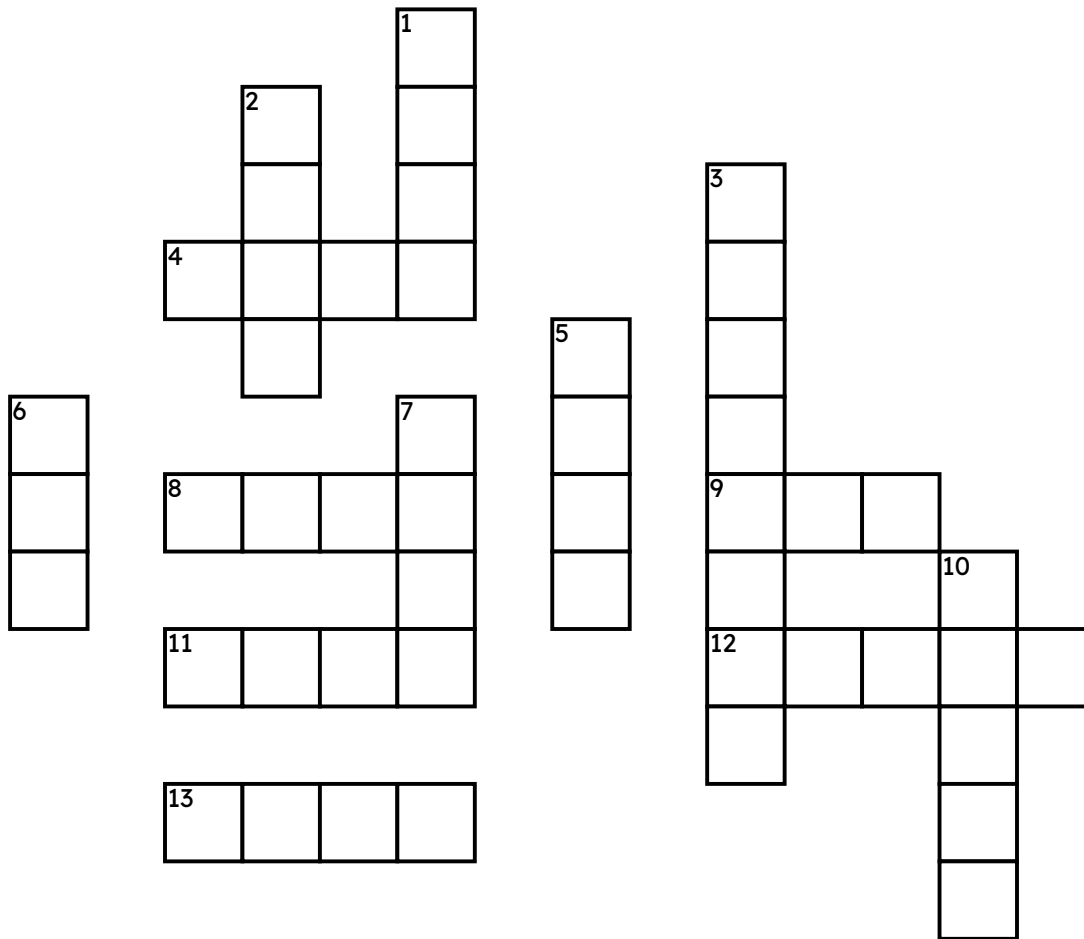


Name: _____

Date: _____

Body Parts



Across

- 4.** Ears
- 8.** Nose
- 9.** Leg
- 11.** Back
- 12.** Elbow
- 13.** Foot

Down

- 1.** Eyes
- 2.** Head
- 3.** Shoulder
- 5.** Knee
- 6.** Arm
- 7.** Neck

10. Mouth