Name: _____ Date: _____

Body Parts

P A I T V Z C S R A E U U R D N M
N W S R E D L U O H S D S F B O P
J M C S H T E F F C W M N A M S T
V R L B Z B M M C Z A Q D C J E W
I A C H B W I N D X B O X E N U W
K Y Z T J I X S S E B L S H L W E
B L T U S J X R Q F E T T T K M Q
N L M O M X E X F L J E O M C G N
M E V M T G P U B O E L K E K Z F
S B D W N G Q O H T O C E E S N H
E Q F I G H W E W S E T H Y I I R
Y K F W A O A B I N S A T P P Y Z
E T R I E D Y D B F N K K S S N R
I L R L I R J D E D Z O I H X K O
O N K T M B C G S O G G G F A N N
Y N O K N E E U E Q L H Z P F Q Q
A E J O U W W S D L C X X T O K R

shoulder fingers teeth ankle mouth elbow
belly hands head hips nose ears
eyes neck face knee foot hair
toes arm leg