

Name: _____

Date: _____

Body Parts

T H E W N O S E T V

O A L F I N G E R S

E N B A E P F S G U

S D O D Q U A C L E

H S W W E C C H H Y

A A S T K N E E S E

I E A R M S N S X S

R W Q F O O T T D X

X L E G S H H L R W

E A R S C H E A D X

fingers elbows chest hands knees

arms ears eyes face foot

hair head legs nose toes