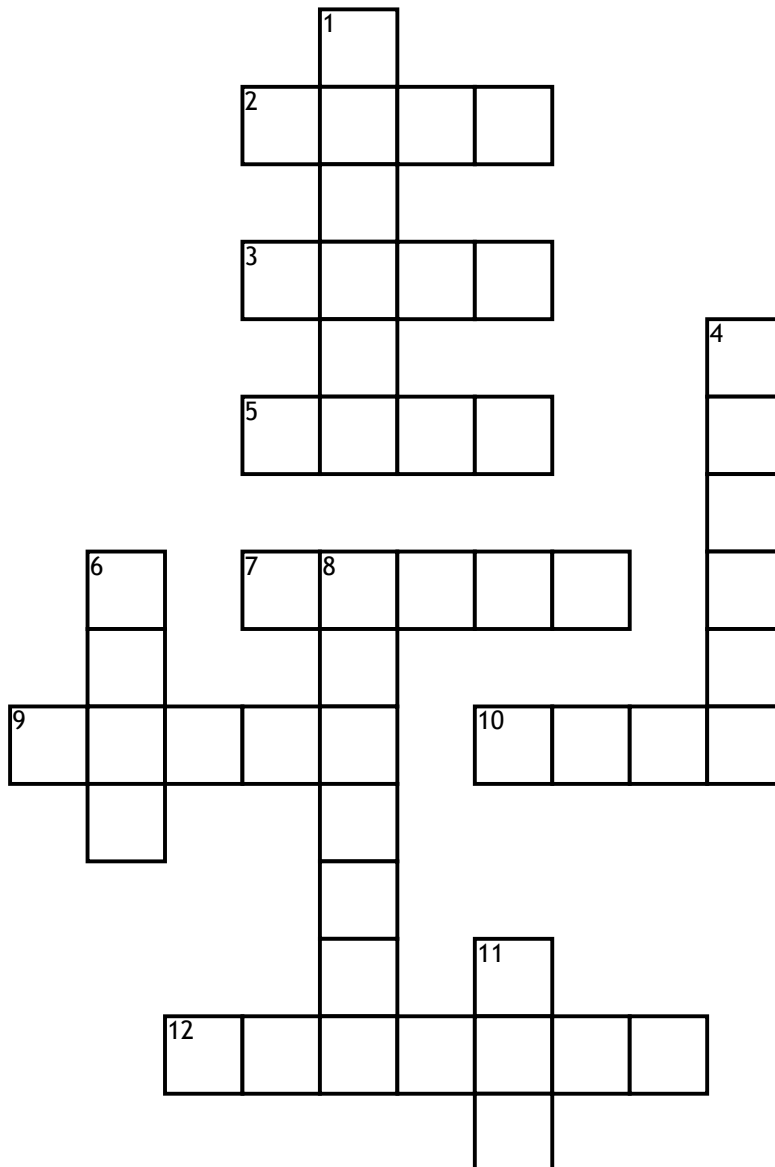


Name: _____

Date: _____

Body and Face Parts



Across

- 2. foot
- 3. hand
- 5. eyes
- 7. body
- 9. leg
- 10. head

12. hair

Down

- 1. face
- 4. mouth
- 6. arm
- 8. ears
- 11. nose