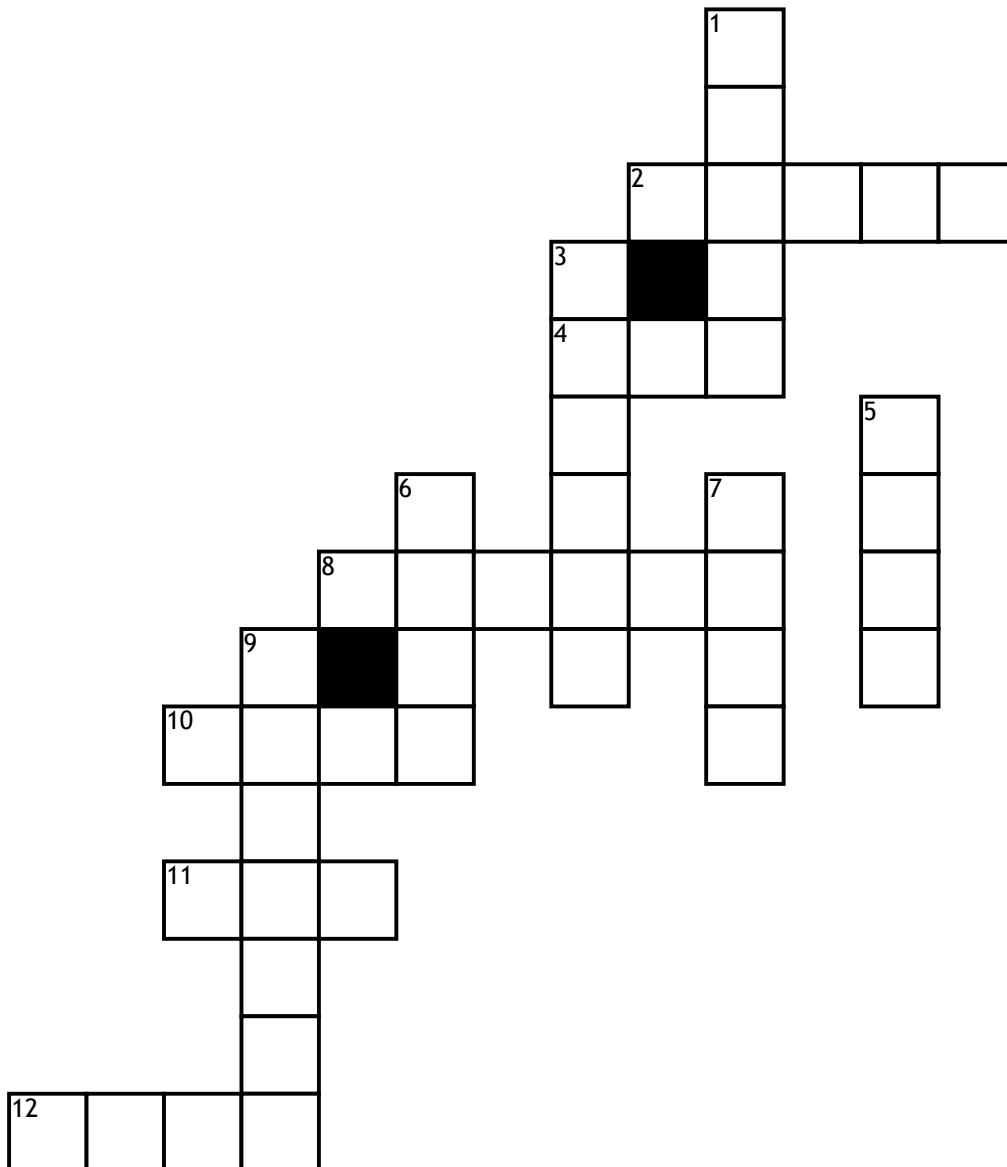


Name: _____

Date: _____

Body parts



Across

- 2. Nose
- 4. Eye
- 8. Leg
- 10. Elbow
- 11. Foot
- 12. Mouth

Down

- 1. Arm
- 3. Shoulder
- 5. Hair
- 6. Ear
- 7. Hand
- 9. Knee