

Name: _____

Date: _____

Body parts

- | | |
|---|-------------|
| 1. you have ten of these on your hand | A. arms |
| 2. you smell things with this | B. nose |
| 3. you eat your food with this | C. fingers |
| 4. you use these to hear things | D. ears |
| 5. you have a nose, lips, mouth, eyes, and eyebrows on your _____ | E. toes |
| 6. you walk with this | F. legs |
| 7. you have two of these on the sides of your shoulder | G. mouth |
| 8. this body part begins with sh | H. shoulder |
| 9. you have ten of these on your feet | I. head |
| 10. your ears are on the sides of your _____ | J. face |