Name: _____ Date: _____ Period: _____

Koerperteile

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

Koerperteile
Stirn
Zahn
Kinn
Arm
Schulter
Fuss
Nase
Mund
Ohr
Finger
Bein
Auge
Haar
Lippe
Hand
Hals
Kopf