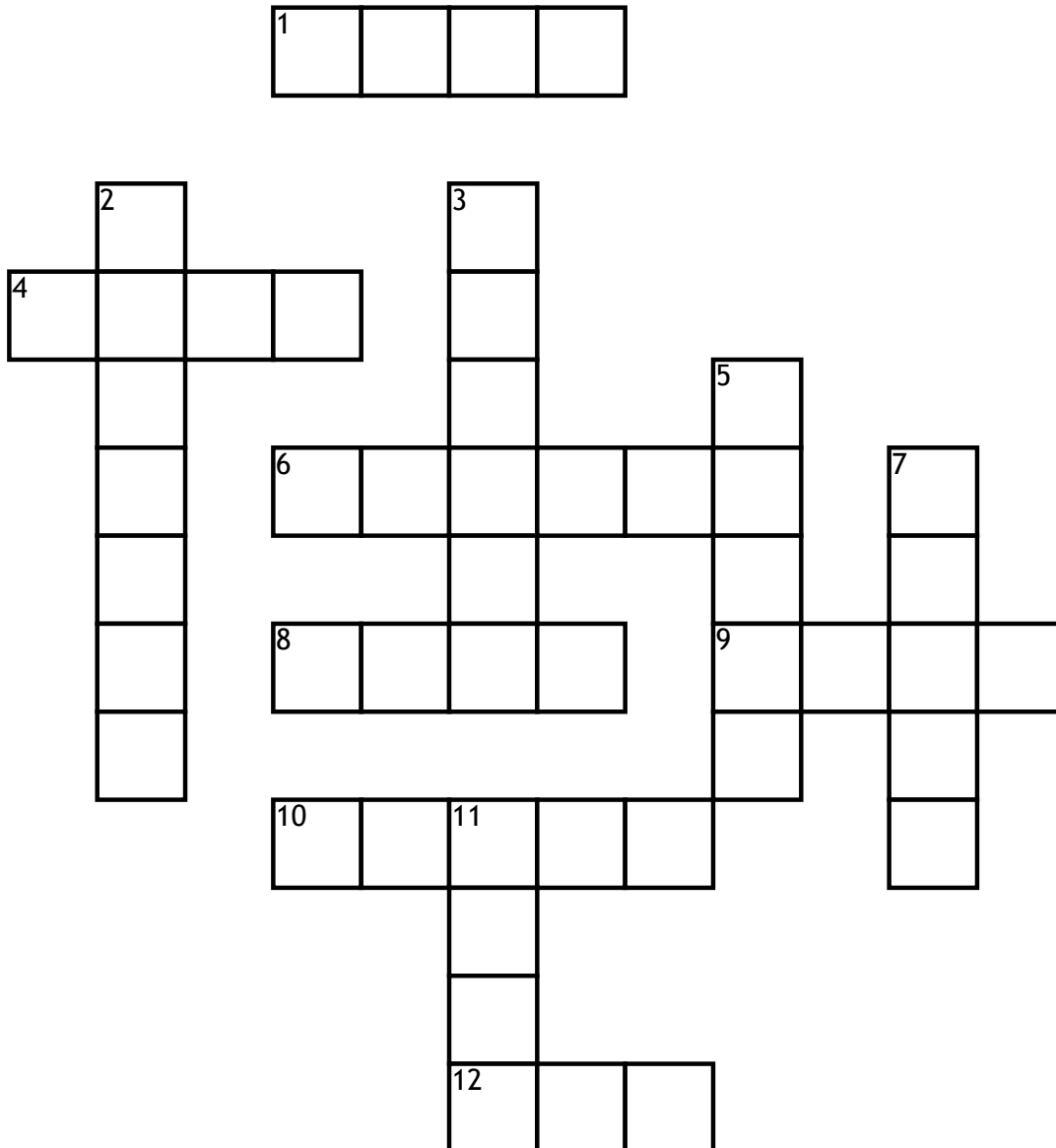


Name: _____

Date: _____

Les parties du corps



Across

- 1. head
- 4. arm
- 6. mouth
- 8. foot
- 9. eye
- 10. leg

12. nose

Down

- 2. ear
- 3. shoulder
- 5. knee
- 7. finger
- 11. hand