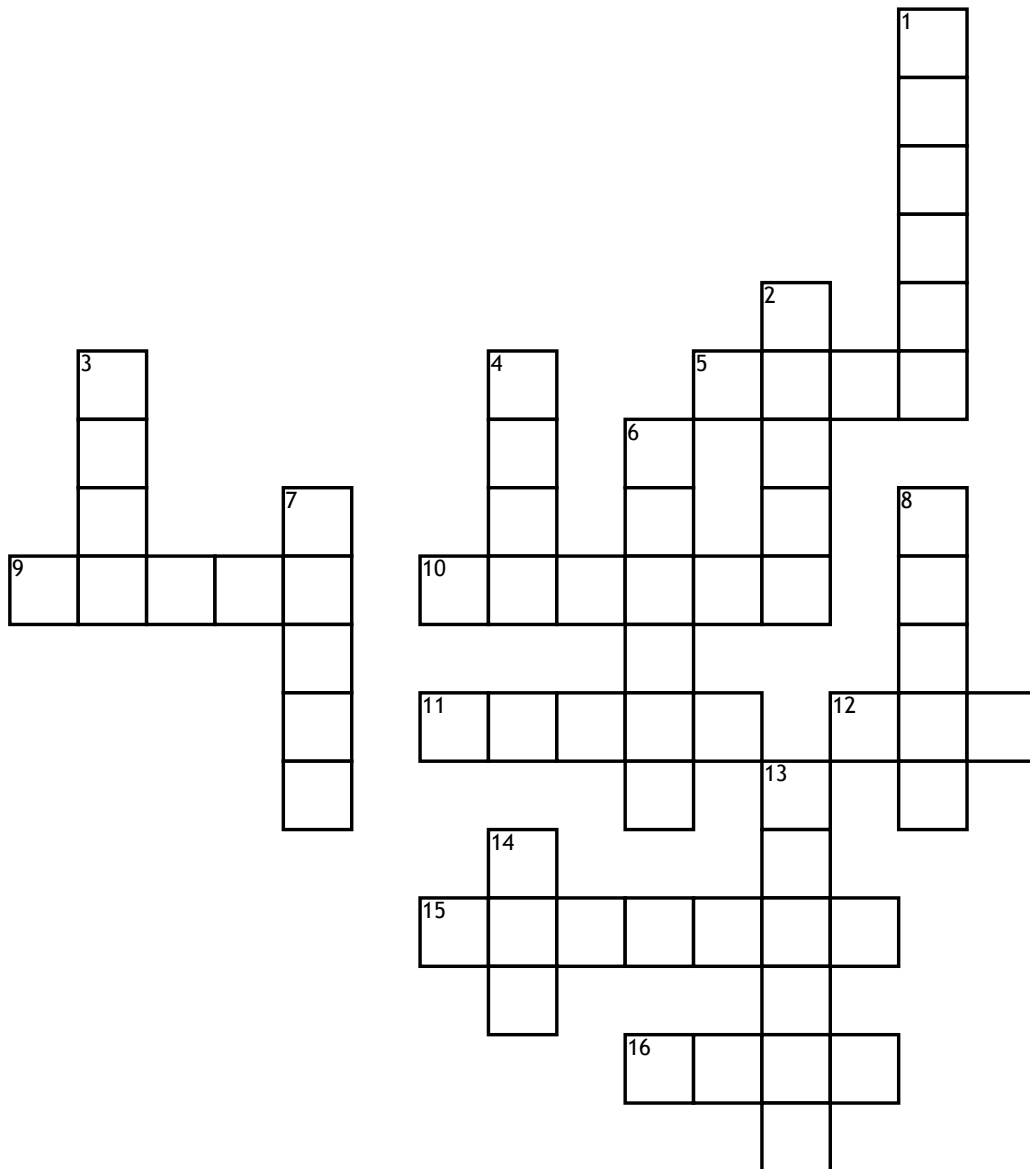


Name: _____

Date: _____

Partes de mi cuerpo



Across

- 5. hair
- 9. belly
- 10. shoulder
- 11. arm
- 12. eye
- 15. teeth

16. hand

Down

- 1. body
- 2. chest
- 3. mouth
- 4. finger
- 6. head

7. nose

- 8. ear
- 13. leg
- 14. foot