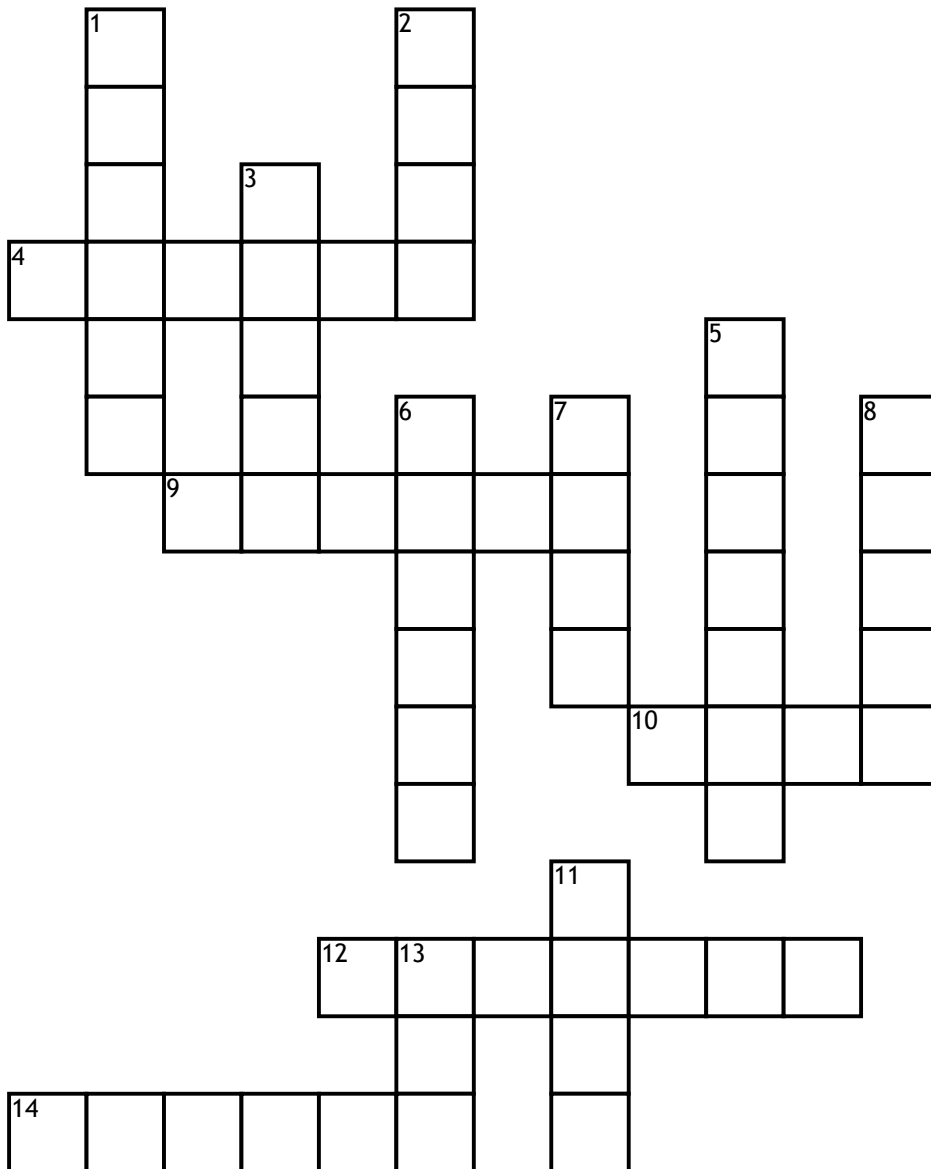


Name: _____

Date: _____

Partes del Cuerpo - Body Parts



Across

- 4. Leg
- 9. Head
- 10. Finger
- 12. Knee
- 14. Shoulder

Down

- 1. Lips
- 2. Eyebrow
- 3. Ear
- 5. Teeth
- 6. Tongue
- 7. Hand

8. Arm

- 11. Feet
- 13. Eye