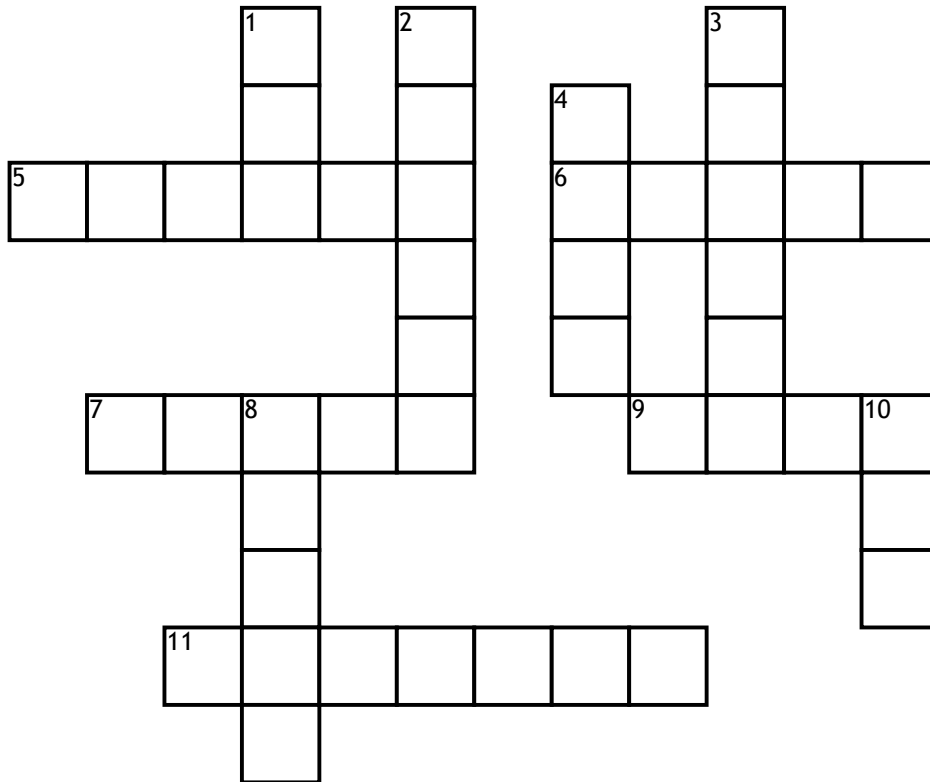


Name: _____

Date: _____

Partes del cuerpo



Across

- 5. Head
- 6. Ear
- 7. Hands
- 9. Hair
- 11. Legs

Down

- 1. Foot
- 2. Arms
- 3. Tooth
- 4. Mouth
- 8. Nose
- 10. Eye