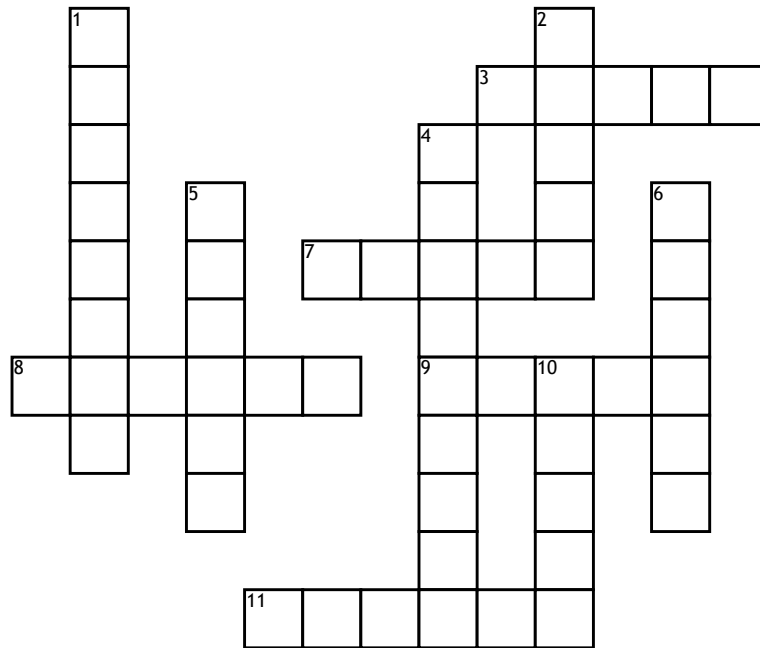


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# body Parts and Clothes



## Across

- 3. when its cold/rainy you wear..
- 7. what you see with
- 8. things you wear on your feet when its cold
- 9. what you smell with
- 11. what you hear with

## Down

- 1. something you carry
- 2. (BLANK), shoulders, knees and toes
- 4. what do you wear on your legs
- 5. what you cover with a hijab
- 6. the dentist checks...
- 10. you talk with your