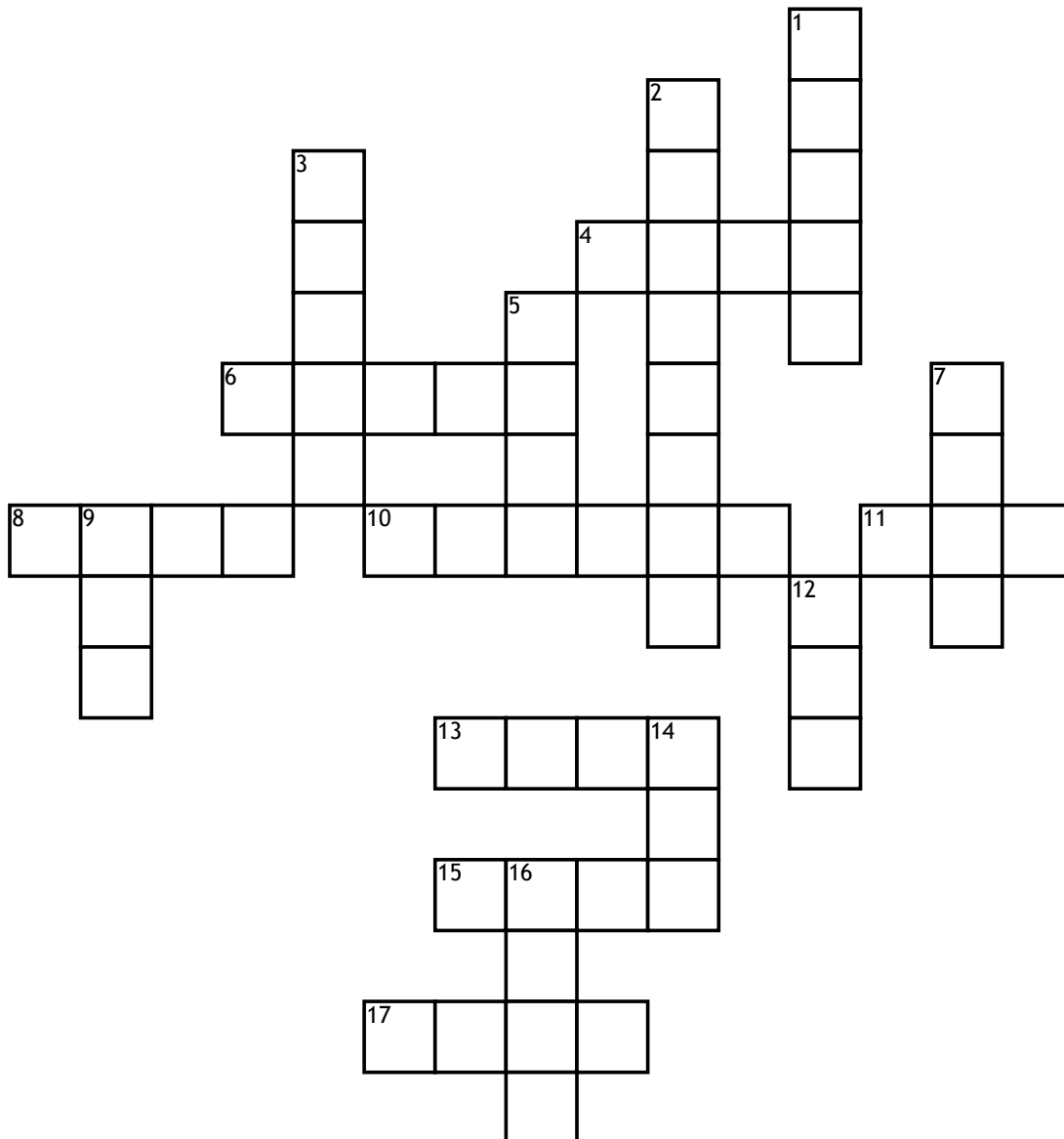


Name: _____

Date: _____

body parts



Across

- 4. foot
- 6. mouth
- 8. hand
- 10. finger
- 11. ear
- 13. nose

15. knee

17. back

Down

- 1. tooth
- 2. shoulder
- 3. elbow
- 5. chin

7. head

9. arm

12. toe

14. eye

16. neck