

Name: _____

Date: _____

body parts

Y W Q P K T S I R W H J E W C Z X
T A K Y W S P A R U Q R E J G W D
S I X R E G E D R R N S U R G O F
E W O L T D X B A W Z S M A I B S
H F A R Y F D T J X F W B A D L C
C E E L S G N D N W W J K P N E E
J K L E S L O S T P L X C R T L L
D E P P T K Y H Q U I H H J V S K
B T T P T Z S N Q Z K E L D E H N
G L L Z M D B Q H B A F O L A T A
V Y U G T E M I O D F A T F Z X O
Y R S N S X U J R W X D O T I F D
Y C P O Z M H J S S C I E G T B B
T O N W C Y T C Y Q Q P S Z X U X
I T A O K U S P S S R E G N I F D
N N K N E E S R E D L U O H S Q I
H N G Q S O J T V K J P J D V Z G

shoulders fingers

thumbs

ankle

belly

chest

elbow

knees

wrist

feet

head

nose

toes