

Name: _____

Date: _____

the body

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

shoulders	fingers	bottom	tongue	cheeks
nails	tummy	thumb	knees	hands
teeth	mouth	eyes	foot	chin
ears	back	hair	neck	nose
toes	legs	arms	head	