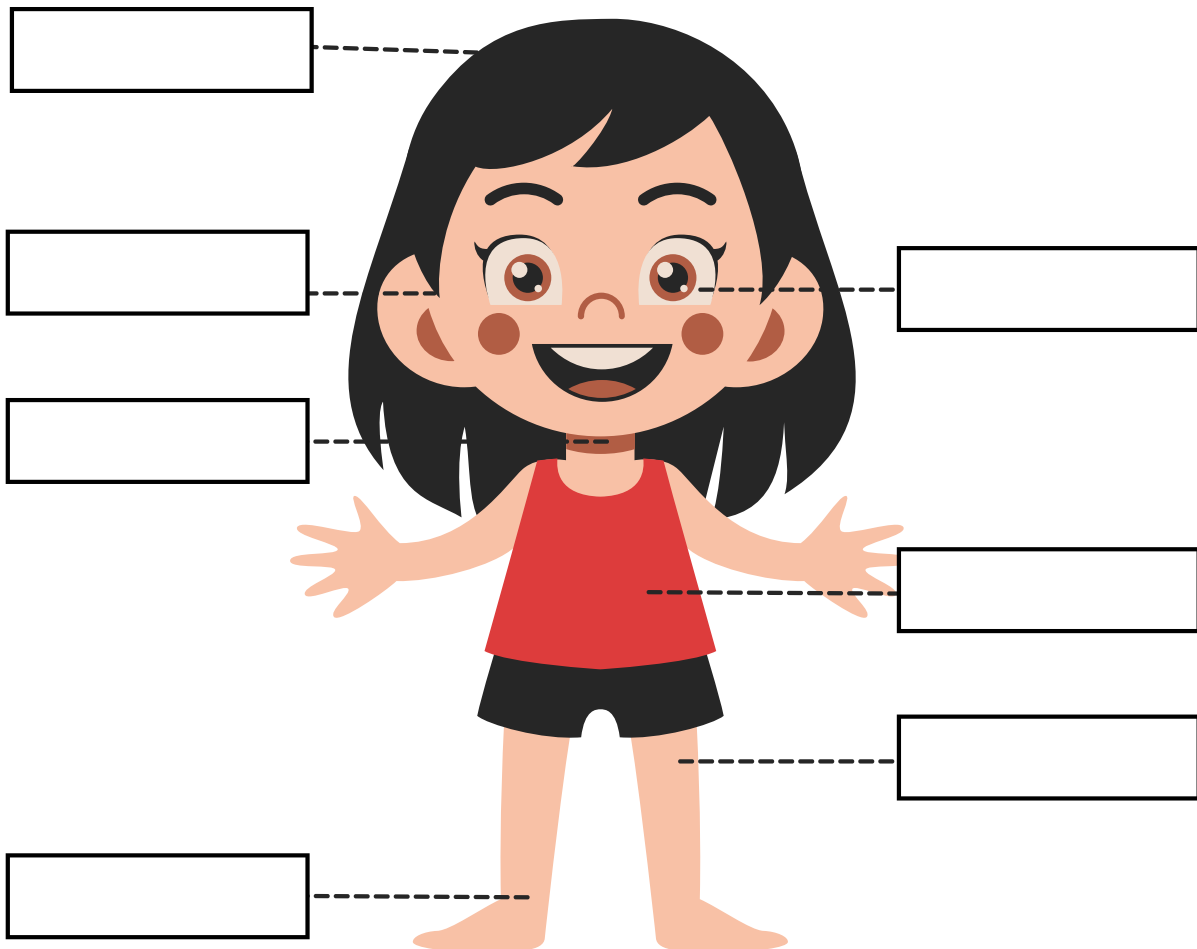


Name: _____

Date _____

My Body

Directions: Choose the correct answer below.
Write in the box.



foot

eye

ear

knee

neck

stomach

hair