



Name: _____

Date: _____

Body Parts

s	e	l	b	o	w	s	b	b	o	d	y
f	o	o	t	m	f	a	o	e	v	k	h
s	n	e	c	k	j	a	r	m	l	t	u
t	h	s	t	o	m	a	c	h	u	l	o
h	m	o	z	o	p	v	r	o	b	w	y
u	k	h	u	n	x	i	m	k	u	w	h
m	b	e	i	l	a	f	l	n	t	h	a
b	a	a	c	h	d	m	i	e	t	l	n
g	c	d	w	h	d	e	e	n	g	e	d
k	k	e	p	i	e	h	r	a	g	g	t
s	u	y	t	o	e	s	k	g	r	e	r
c	w	e	s	r	a	v	t	m	k	i	r

arm	back	belly	body	butt	chest
ear	elbow	eye	finger	foot	hair
hand	head	leg	leg	mouth	neck
shoulder	stomach	thumb	toe		