



Name: _____

Date: _____

Body Parts

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

ankle

eye

hip

teeth

arm

feet

knee

toe

body

finger

leg

tongue

chest

foot

mouth

tooth

ear

hair

nose

elbow

hand

shoulder