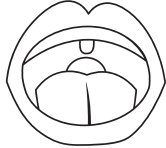
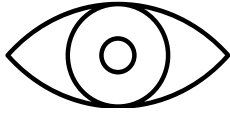


Name:

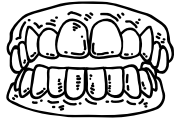
Date:

Circle the correct option.

eye



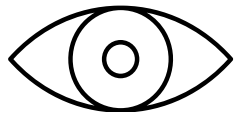
teeth



ear

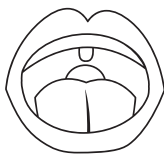


foot

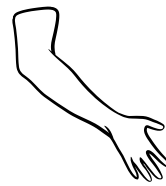


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mouth



arm



hand



nose

