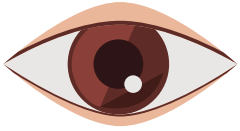


Name:

Date:

Tick the correct option.

1



- eye
- hand
- ear

2



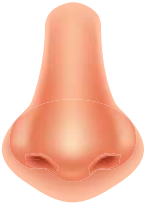
- mouth
- hair
- ear

3



- nose
- foot
- teeth

4



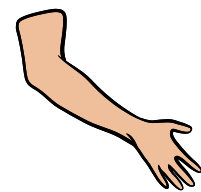
- mouth
- ear
- nose

5



- hair
- face
- arm

6



- arm
- hand
- hair

7



- face
- hair
- eye

8



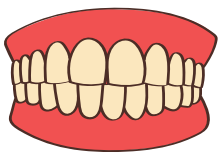
- foot
- mouth
- hand

9



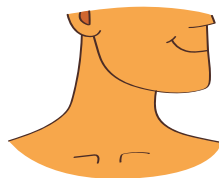
- mouth
- hand
- teeth

10



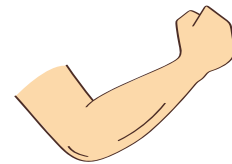
- teeth
- ear
- mouth

11



- neck
- hand
- face

12



- hand
- fingers
- elbow

13



- nose
- chin
- face

14



- face
- teeth
- tongue

15



- fingers
- foot
- arm

16



- hand
- arm
- knee

17



- eyebrows
- eye
- hair

18



- hand
- toes
- teeth