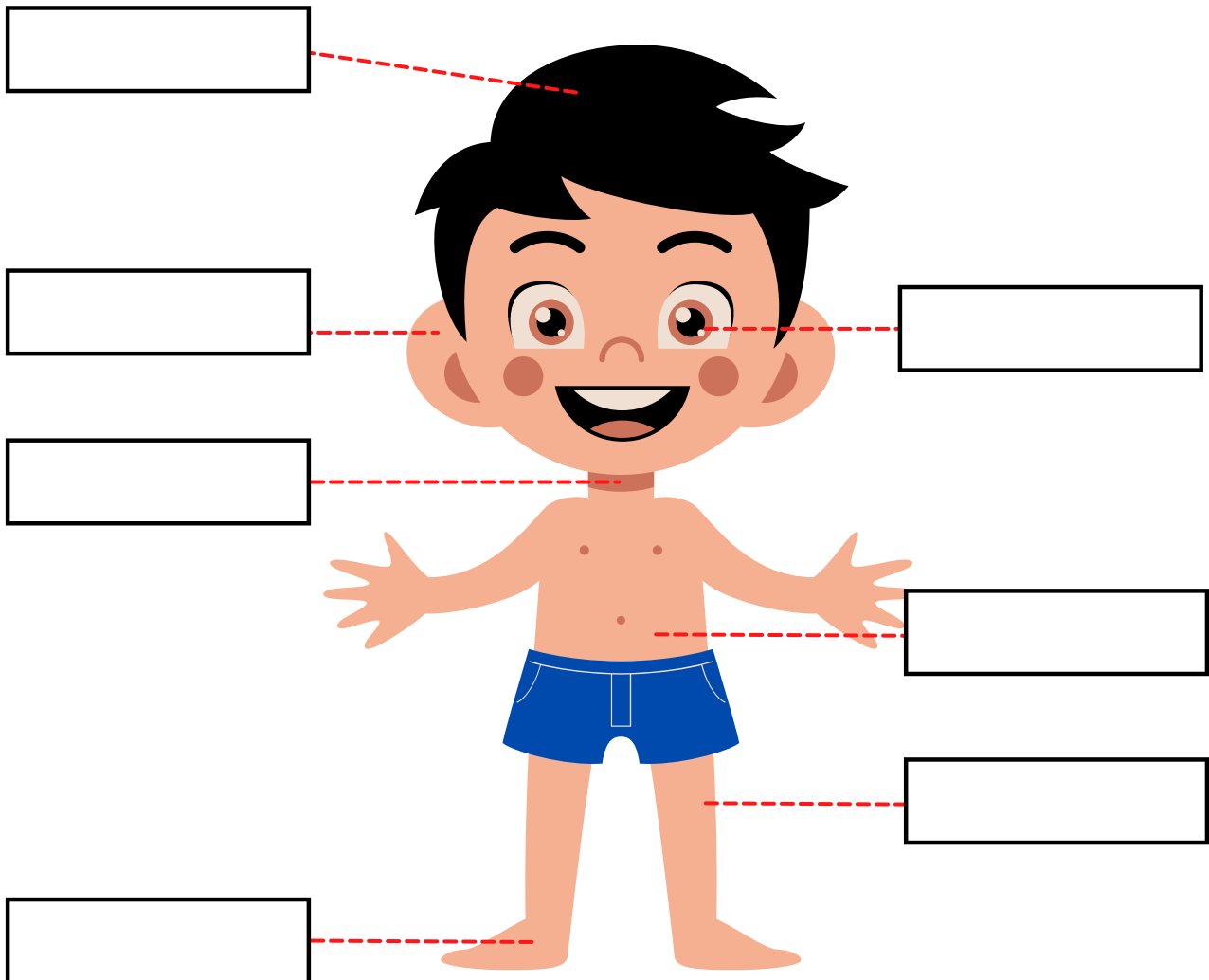Name: _____

Score: _____

My Body

Choose the correct answer below. Write in the box.

foot   neck   ear   hair

eye   stomach   knee

Answer Key

Name:

Score:

My Body

Choose the correct answer below. Write in the box.

hair

ear

neck

foot

eye

stomach

knee