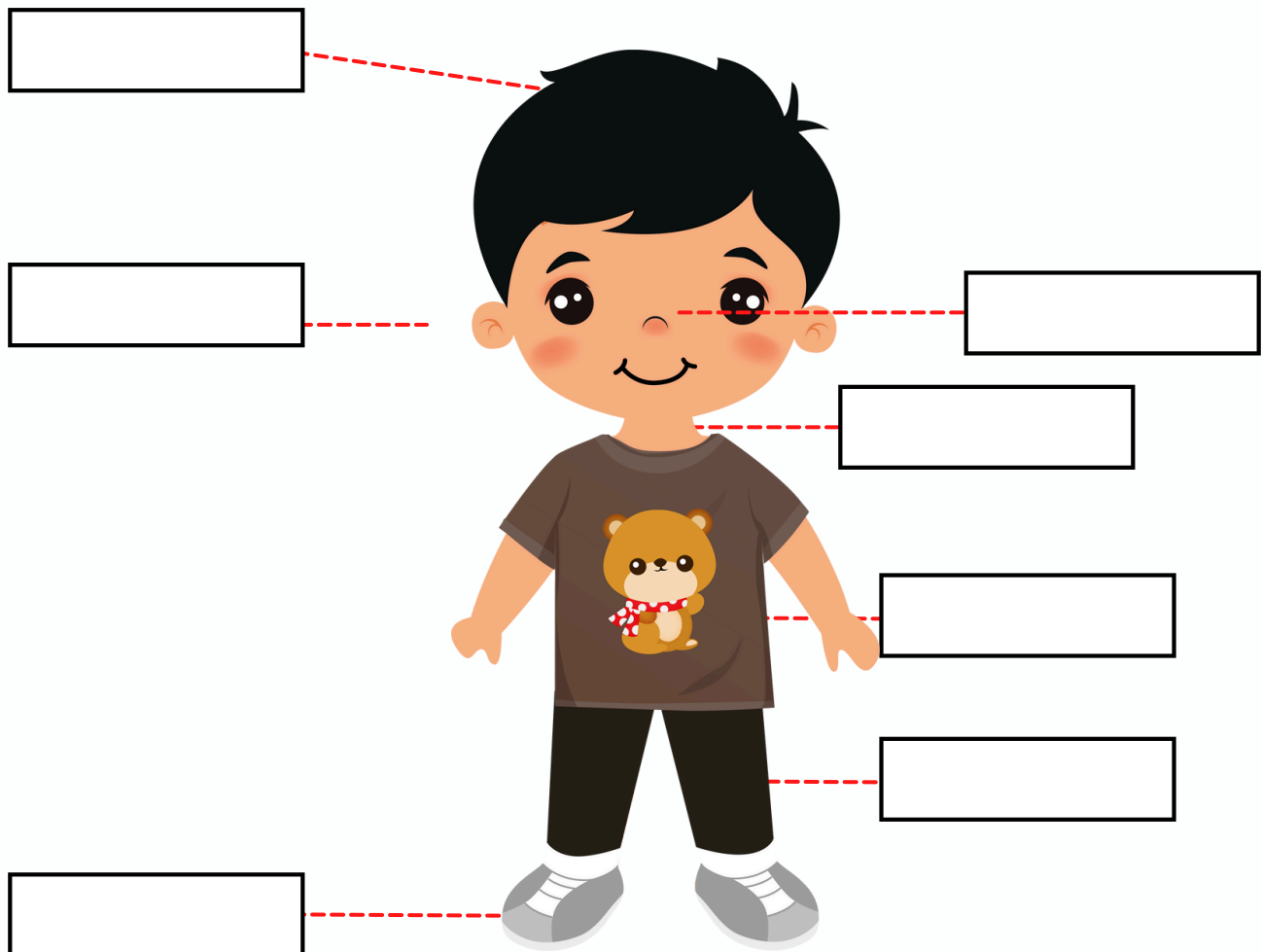


Name: \_\_\_\_\_

# My Body

Directions: Choose the correct answer below. Write in the box.



foot

neck

ear

hair

eye

stomach

knee