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What's the matter?



1

Label the parts of the body. Use the words in the box.

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> arm | <input type="checkbox"/> leg |
| <input type="checkbox"/> ear | <input type="checkbox"/> mouth |
| <input type="checkbox"/> elbow | <input type="checkbox"/> neck |
| <input type="checkbox"/> eye | <input type="checkbox"/> nose |
| <input type="checkbox"/> fingers | <input type="checkbox"/> shoulder |
| <input type="checkbox"/> foot | <input type="checkbox"/> stomach |
| <input checked="" type="checkbox"/> hair | <input type="checkbox"/> teeth |
| <input type="checkbox"/> hand | <input type="checkbox"/> toes |

