

WORKBOOK

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     |



- 2- MOUTH
- 3- NECK
- 4- STOMACH
- 5- FINGERS
- 8- NOSE