

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

Date: \_\_\_\_\_

Time: \_\_\_\_ : \_\_\_\_ - \_\_\_\_ : \_\_\_\_

Label the different parts of our body using the words in the box.

|          |         |      |        |      |
|----------|---------|------|--------|------|
| head     | eyebrow | ear  | teeth  | hair |
| forehead | eyelid  | lips | tongue | eye  |

