

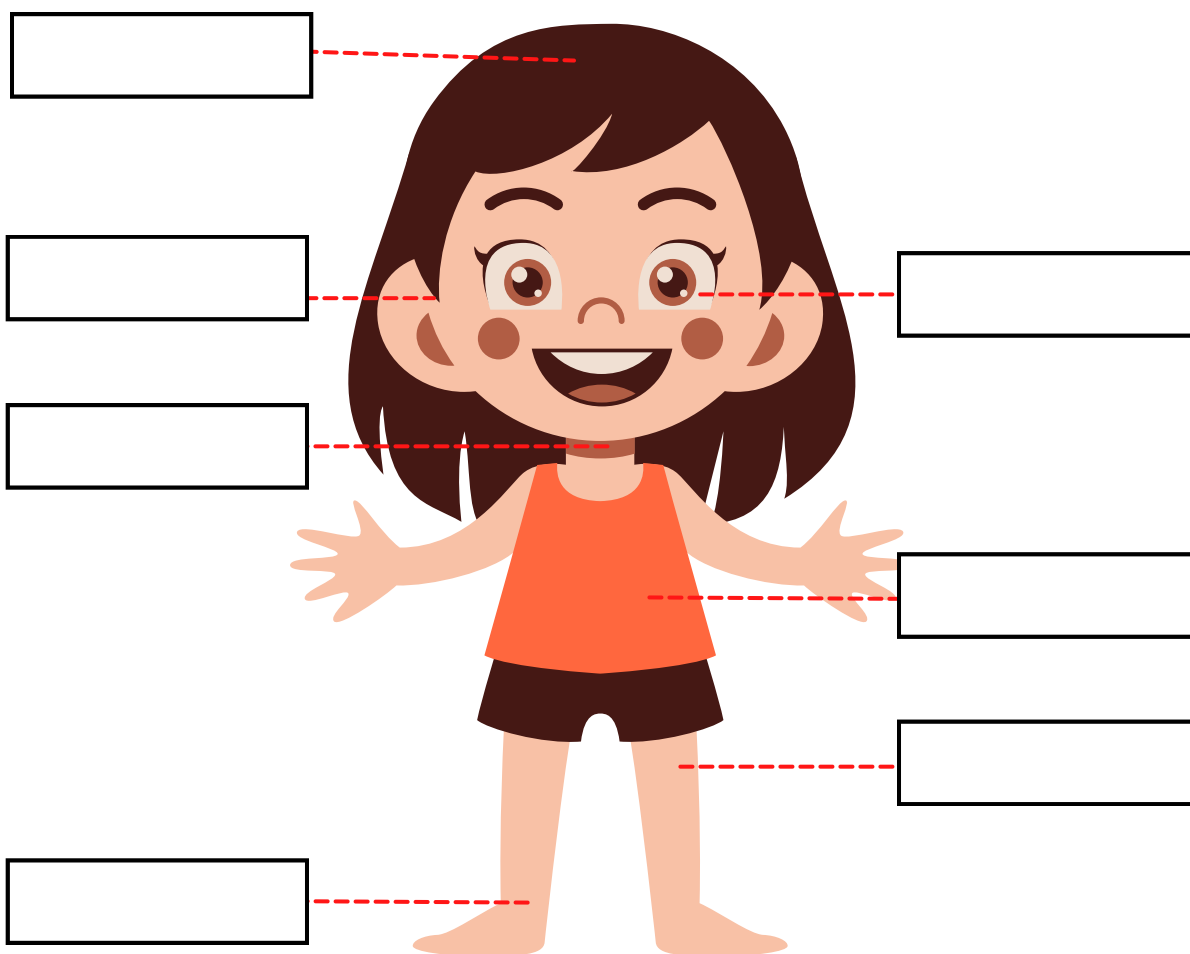
NOMBRE

FECHA:

MI CUERPO

Directions: Choose the correct answer below.

Write in the box.



PIES

CUELLO

OREJAS

CABELLO

OJOS

ESTOMAGO

RODILLA