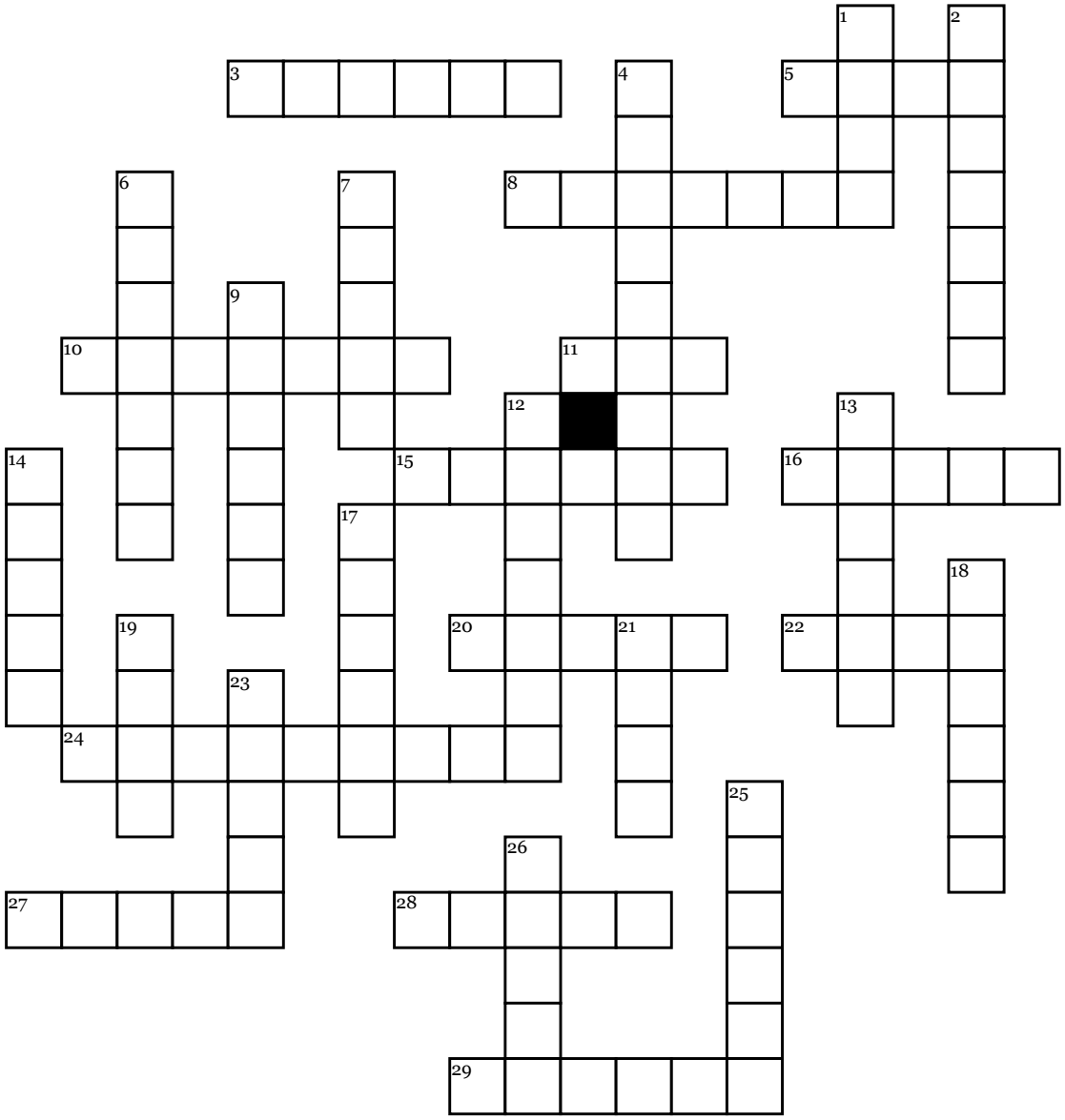
Name: _____ Date: _____

Partes del Cuerpo



Across

3. Hip
5. Elbow
8. Back
10. Ankle
11. Foot
15. Neck
16. Thigh
20. Fingers and Toes
22. Face
24. Forearm
27. Arm
28. Nose
29. Head

Down

1. Mouth
2. Knees
4. Shin
6. Abdomen
7. Groin
9. Leg
12. Calf
13. Thumb
14. Heel
17. Shoulder
18. Buttocks
19. Hand
21. Eyes
23. Chest
25. Wrist
26. Ear