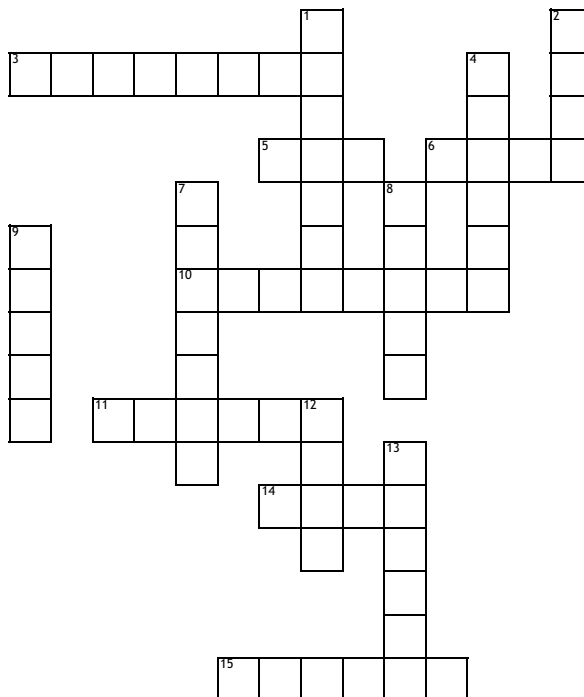


Name: _____

Date: _____

Period: _____

Body Parts(In spanish)



Across

- 3. Stomach
- 5. Foot
- 6. Hair
- 10. Back
- 11. Neck
- 14. Mouth
- 15. Ears

Down

- 1. Knee
- 2. Hand
- 4. Leg
- 7. Teeth
- 8. Arm
- 9. Nose
- 12. Eyes
- 13. Head