Name: _____

Körperteile

G T S S G Z A H N F F U S S C H X
B Z Y L Z Z D T G E S I C H T M I
S N G I U U C Q P O D Q R B U I R
K X H P N N M A A U G E O E J W Y
K H A P B G J D A U M E N I I X C
L A N E U E N L C G K R Q N P K L
E A D N H J F N E W U A Z W X U M
B R U S T N A Z A V E F R L X A J
X E K O P F F Z E C X V N Z E U E
T P U O X A I J U K B H R A R M J
D O Z O I U N K S C H U L T E R T
G P U F O X G G T X B U X W J K A
R O S V G B E X Z L D H V O Y W I
M P P N G L R A H T H A H W P N A
U H E O V U W A F P D L C T I A Z
N G G H Q K U C T F B S G O I S J
D Z K R V Q I X V O W G L Z Y E X

schulter gesicht finger daumen brust
lippe zunge haare hals mund
nase fuss auge hand bein
popo zahn kopf ohr arm