

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