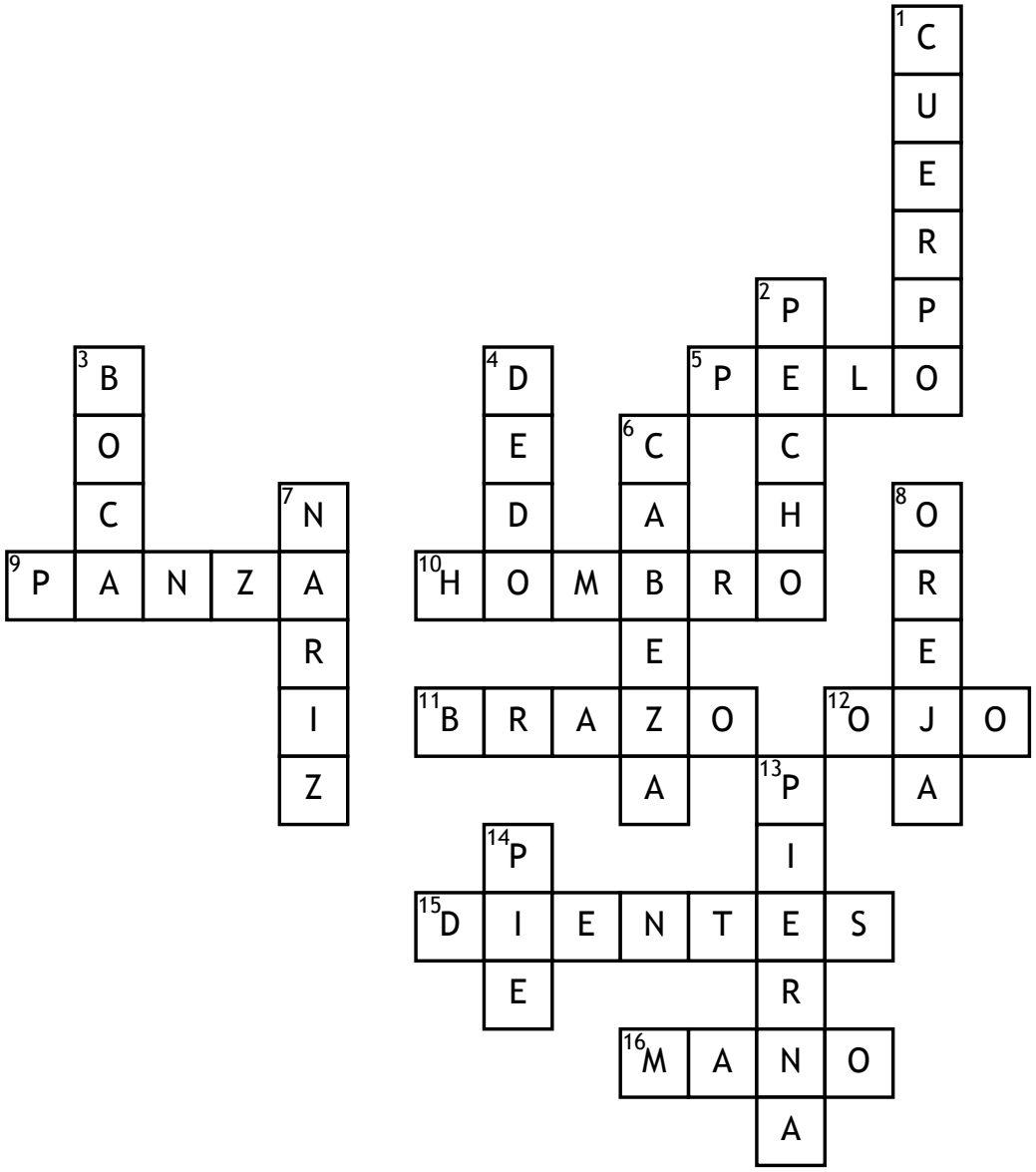
Name: _____ Date: _____

Partes de mi cuerpo



Across

5. hair
9. belly
10. shoulder
11. arm
12. eye
15. teeth
16. hand

Down

1. body
2. chest
3. mouth
4. finger
6. head
7. nose
8. ear
13. leg
14. foot