

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## MY BODY PARTS

READ THE WORD, SAY THE SOUND, AND TRACE THE LETTERS.

	<b><u>E</u>ye</b>	eye
	<b><u>E</u>ar</b>	ear
	<b><u>N</u>ose</b>	nose
	<b><u>M</u>outh</b>	mouth
	<b><u>H</u>and</b>	hand
	<b><u>A</u>rm</b>	arm
	<b><u>L</u>eg</b>	leg
	<b><u>F</u>oot</b>	foot