

WORKSHEETS

Name _____

Date _____

BODY PARTS

Cut out the pictures of the body parts below and paste them into the correct box.



What do you
use to see?



What do you
use to hear?



What do you
use to eat?



What do you
use to smell?



What do you
use to touch?

Name _____

Date _____



Mouth



Eyes



Nose



Hand



Ear