































Name \_\_\_\_\_

Date \_\_\_\_\_

# Which Body Part Do You Use?

Look at each activity.

Tick (✓) the correct body part you use.

<b>1</b> I see a bird flying in the sky. 	Eye  <input type="checkbox"/>	Ear  <input type="checkbox"/>	Nose  <input type="checkbox"/>	Mouth  <input type="checkbox"/>
<b>2</b> I listen to music. 	Eye  <input type="checkbox"/>	Ear  <input type="checkbox"/>	Nose  <input type="checkbox"/>	Mouth  <input type="checkbox"/>
<b>3</b> I smell a flower. 	Eye  <input type="checkbox"/>	Ear  <input type="checkbox"/>	Nose  <input type="checkbox"/>	Mouth  <input type="checkbox"/>
<b>4</b> I eat an apple. 	Eye  <input type="checkbox"/>	Ear  <input type="checkbox"/>	Nose  <input type="checkbox"/>	Mouth  <input type="checkbox"/>
<b>5</b> I write with a pencil. 	Eye  <input type="checkbox"/>	Ear  <input type="checkbox"/>	Nose  <input type="checkbox"/>	Mouth  <input type="checkbox"/>
<b>6</b> I clap my hands. 	Eye  <input type="checkbox"/>	Ear  <input type="checkbox"/>	Nose  <input type="checkbox"/>	Mouth  <input type="checkbox"/>