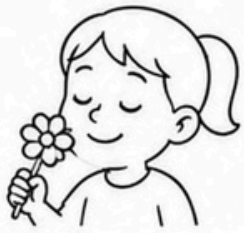
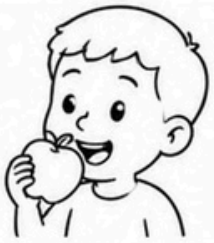
Name _____ Date _____

Which Body Part Do You Use?

Look at each activity.
Tick (✓) the correct body part you use.

	Eye	Ear	Nose	Mouth
1 I see a bird flying in the sky. 	☐	☐	☐	☐
2 I listen to music. 	☐	☐	☐	☐
3 I smell a flower. 	☐	☐	☐	☐
4 I eat an apple. 	☐	☐	☐	☐
5 I write with a pencil. 	☐	☐	☐	☐
6 I clap my hands. 	☐	☐	☐	☐

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