

Name: _____

Date: _____

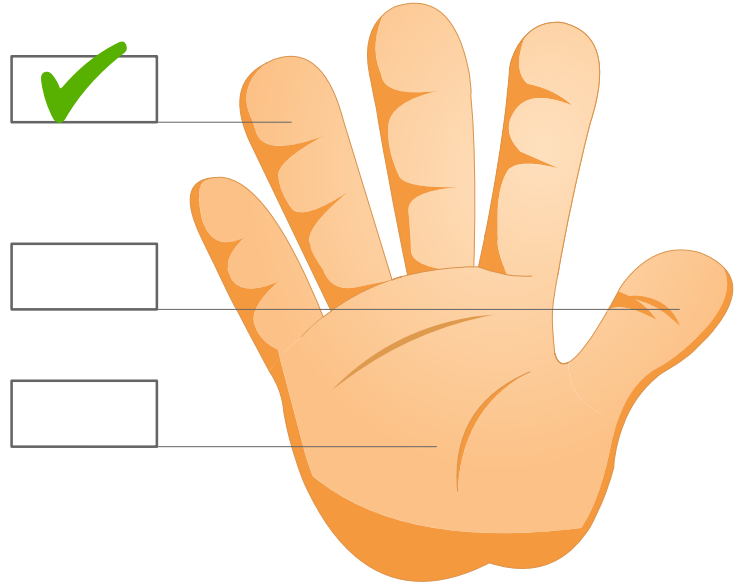
Time: ____ : ____ - ____ : ____

Identify the body part and check mark on the correct box.

1. Check mark on the pinky finger.



2. Check mark on the ringfinger.



3. Check mark on the palm.



4. Check mark on the thumb.

