

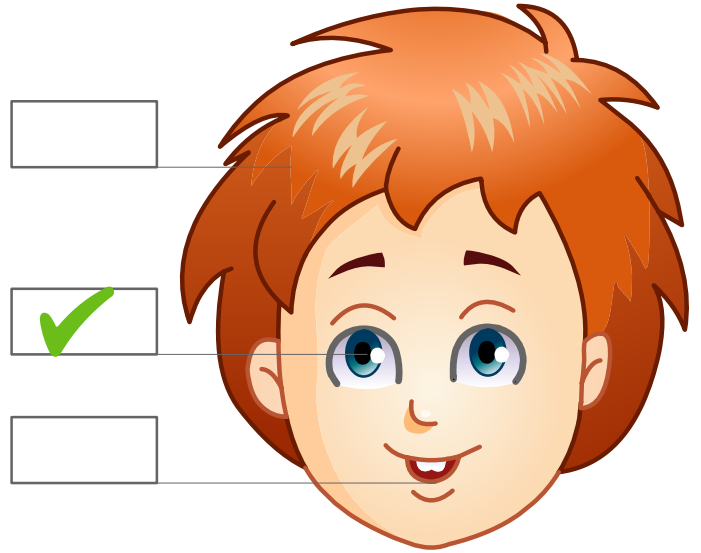
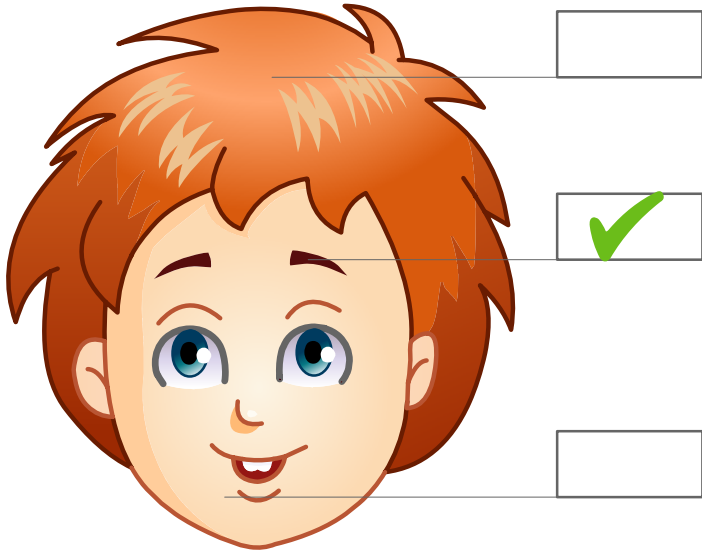
Name: _____

Date: _____

Time: _____ : _____ - _____ : _____

1. Mark ✓ on the eyebrow.

2. Mark ✓ on the eye.



3. Mark ✓ on the nose.

4. Mark ✓ on the tongue.

