

Name: _____

Date: _____

Time: ____ : ____ - ____ : ____

Label the different parts of our body using the words in the box.

middle finger

pinky finger

thumb

pointing finger

ring finger

palm

m i d d l e f i n g e r

r i n g f i n g e r

t h u m b

p i n k y f i n g e r

p a l m

p o i n t i n g f i n g e r

