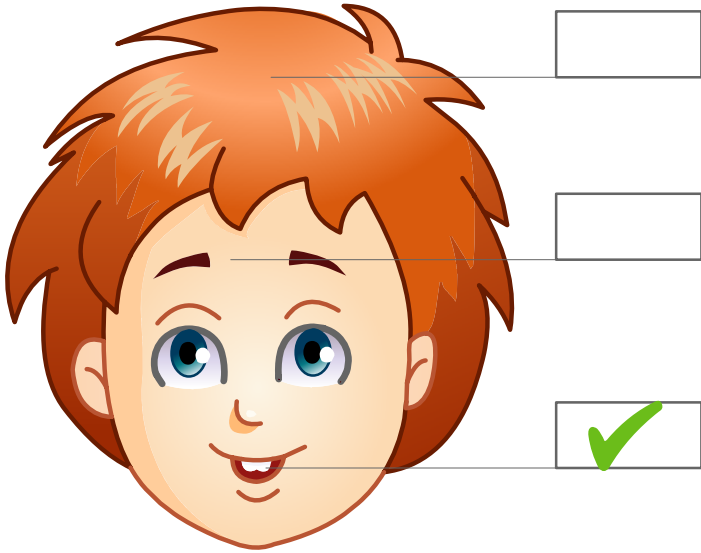


Name: _____

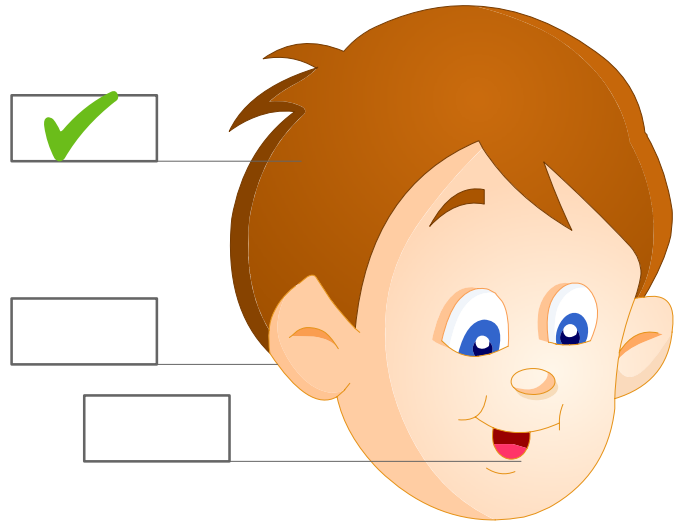
Date: _____

Time: ____ : ____ - ____ : ____

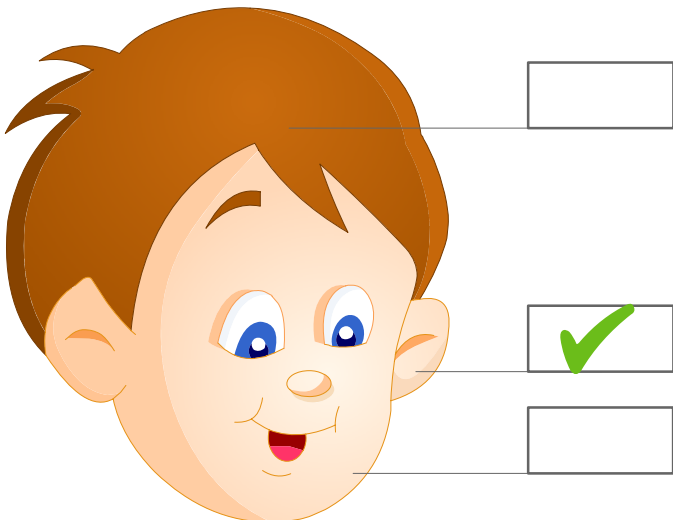
1. Mark ✓ on the teeth.



2. Mark ✓ on the hair.



3. Mark ✓ on the ear.



4. Mark ✓ on the forehead.

