

Name: \_\_\_\_\_

# Body Parts Fill in the Blanks

Directions: Read the sentences below. Fill in the blanks with the body parts words below.

|       |       |         |      |
|-------|-------|---------|------|
| nose  | mouth | eyes    | ears |
| hands | legs  | feet    | chin |
|       | knee  | fingers |      |

1. I smelled the apple with my \_\_\_\_\_.
2. He put the berry in his \_\_\_\_\_ to taste it.
3. My \_\_\_\_\_ were tired after running all day.
4. She washed her \_\_\_\_\_ before she ate dinner.
5. I counted 10 \_\_\_\_\_ on both hands.
6. My food dripped down my \_\_\_\_\_ as I was eating.
7. My \_\_\_\_\_ were wide open and I could see everything.
8. I was not wearing socks, so my \_\_\_\_\_ were smelly.
9. The music was so loud my \_\_\_\_\_ were ringing.
10. I tried to bend my leg, but my \_\_\_\_\_ was hurting.

# Body Parts Fill in the Blanks

## Answer Key

1. nose
2. mouth
3. legs
4. hands
5. fingers
6. chin
7. eyes
8. feet
9. ears
10. knee