

Name: _____

Date: _____

Time: _____ : _____ - _____ : _____

Fill in the blank with the correct option.



Nail Cutter



Shampoo



Tooth Brush

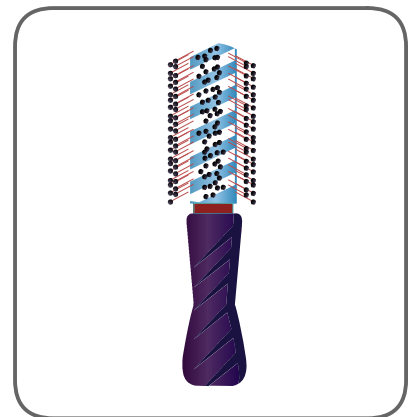
We wash our hair with shampoo.



Shoe Brush



Tooth Brush



Hair Brush

We can clean our teeth with tooth brush.