

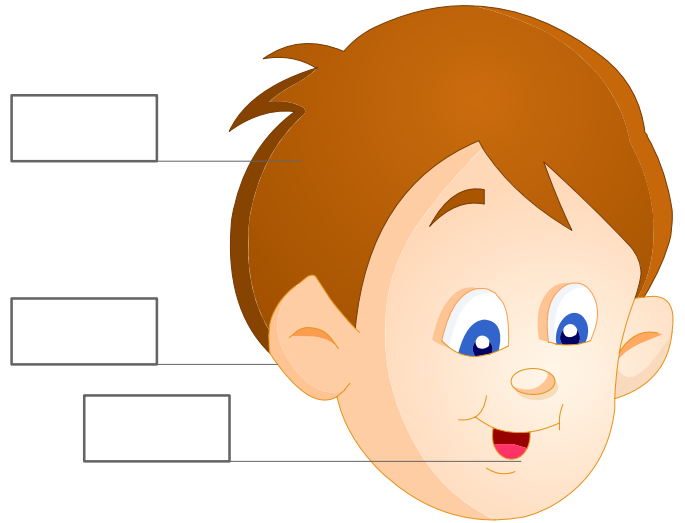
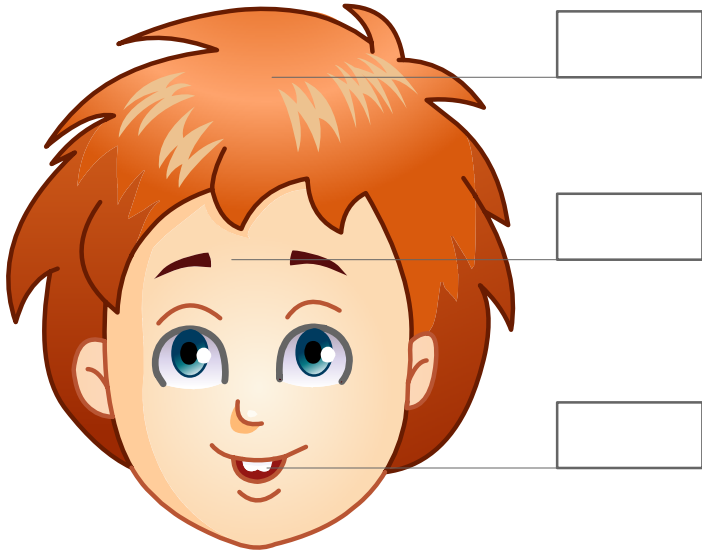
Name: _____

Date: _____

Time: _____ : _____ - _____ : _____

1. Mark ✓ on the teeth.

2. Mark ✓ on the hair.



3. Mark ✓ on the ear.

4. Mark ✓ on the forehead.

