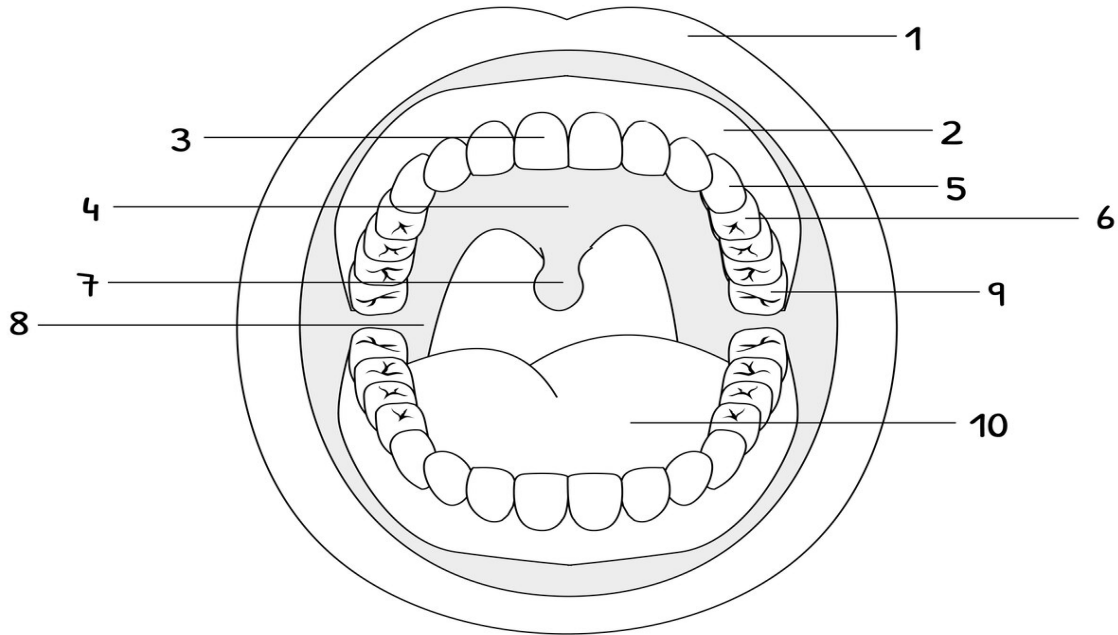


Name: _____

Date: _____

Mouth Diagram

Directions : Fill in the blanks with the correct name of mouth parts!



1.

2.

3.

4.

5.

6.

7.

8.

9.

10.