

I can see with my ____.

eyes

I can smell with my ____.

nose

I can hear with my ____.

ears

I can eat with my ____.

mouth

I can touch with my ____.

hands

I can walk with my ____.

legs

I can bite with my ____.

teeth

I can kick with my ____.

toes

I can throw with my ____.

arms

I can think with my ____.

brain