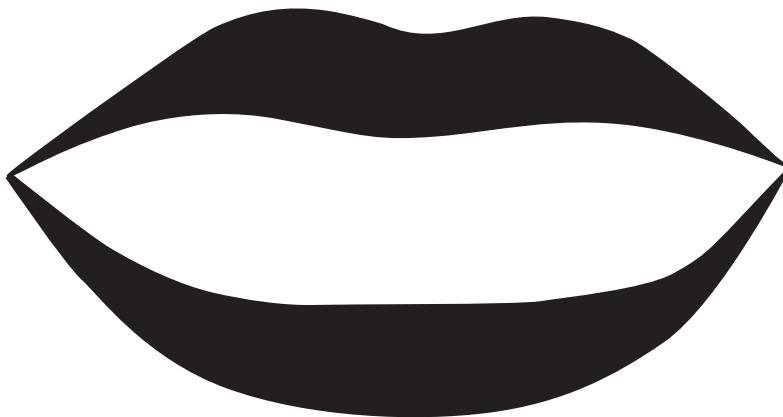


Name: _____ Date: _____

BIG ACTIVITY: Smile!

Draw a picture of your smile. Count your top teeth and draw them. Then draw your bottom teeth. Leave an empty space for each missing tooth!



My Teeth

Number of Teeth on Top: _____

Number of Teeth on Bottom: _____

Number of Teeth I Have Lost: _____

Number of New Teeth I Have: _____