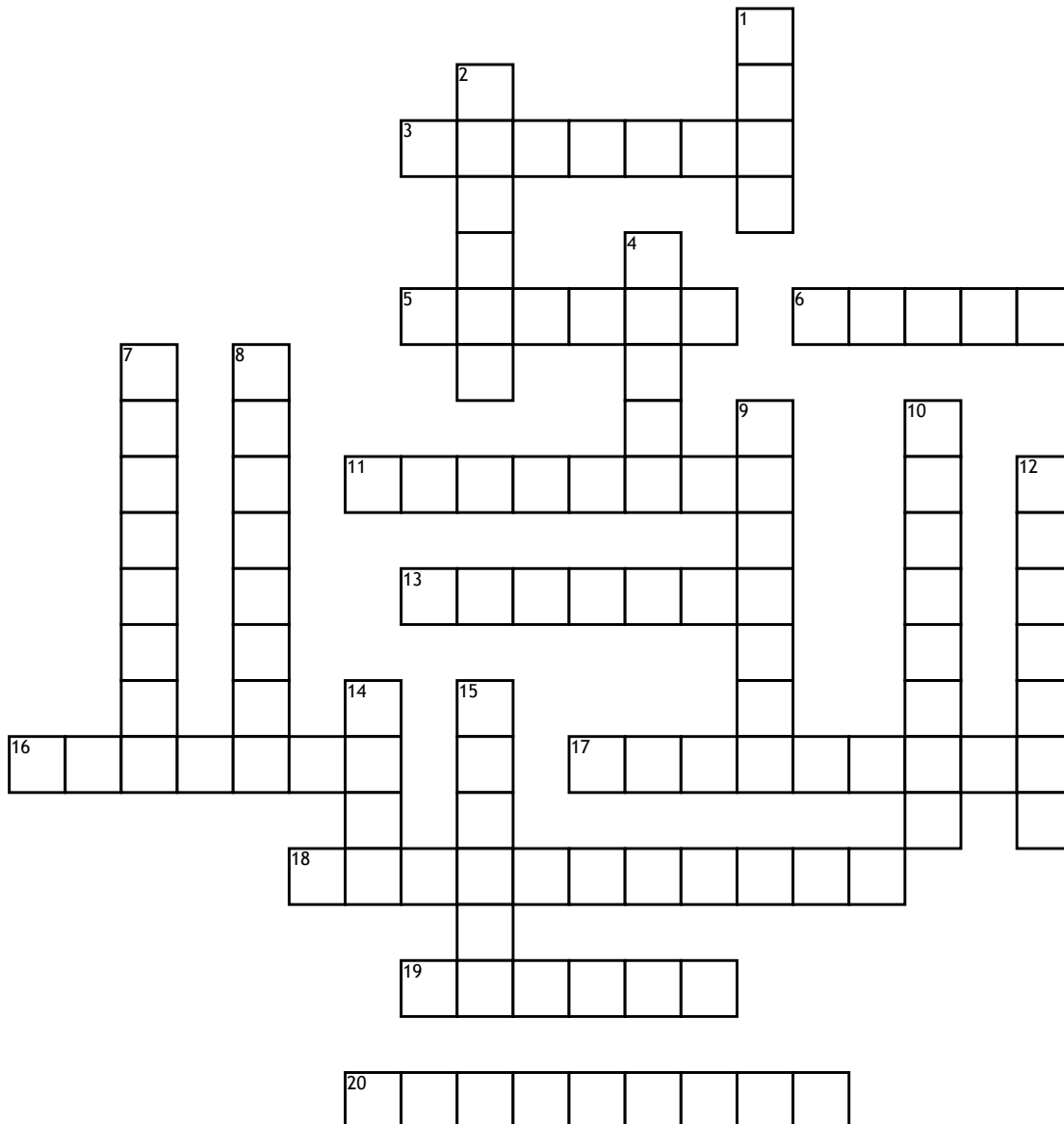


Name: _____

Date: _____

Comida



Across

- 3. Spoon
- 5. Dessert
- 6. Chicken
- 11. Salad
- 13. Lettuce
- 16. Fish
- 17. Sandwich/Sub

18. French Fries

19. Tomato

20. Vegetables

Down

- 1. Grapes
- 2. Eggs
- 4. Fruit
- 7. Beans

8. Snack

9. Orange

10. Knife

12. Fork

14. Soup

15. Ice-cream