

Name: _____

Date: _____

Developmental Disabilities

D C E R E B R A L P A L S Y X S S
W X E W P K F G M O B I L I T Y N
L J D C S L L I K S R O T O M C V
L A N G U A G E D E A K M G M E L
G Z M B M J K L A O G G Q Z S M J
N R C S V T U G G N I S K I S U W
M I H H V J B O I J S T P L Y R A
X X C S Z H X N H X H U E Z M T S
I A J S L E R G K L N A K X W C P
B N O I T A C I N U M M O C S E X
X M G V E W L X B G B Q L T Y P J
L C U L C O V V H C L I T C T S N
E U D N W H F R I E N D L Y J S T
U B N F E Q W P U I E X F G O X O
T C A T N O C E Y E M S I T U A Q
H V L D A S P E R G E R S J Z G L
N G N O I T A N I D R O O C T V B

cerebral palsy
motor skills
spectrum
friendly

communication
eye contact
mobility
language

coordination
aspergers
learning
autism