

Name: _____

Date: _____

Developmental Disabilities & Aging-CP/AS/ASD

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

CEREBRAL PALSY
SPINAL CORD
FUNCTIONS
ROUTINE
AUTISM
NOSE
ROM

COMMUNICATION
ADL ASSIST
ENCOURAGE
SENSES
BRAIN
EYES
CNS

RECEIVE INFO
SCHEDULES
ASPERGERS
SAFETY
AGING
EARS