

Name: _____

Date: _____

Disabilities

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

Mental Illness
Paralympics
Blindness
Crutches
Respite

Invictus Games
paraplegic
Deafness
amputee

Intellectual
Wheelchair
Physical
Sensory