Name: _____ Date: _____

Disability Awareness

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

hearing impaired
visual impaired
cerebral palsy
communication
brain injury
signlanguage
wheelchair
mobility
learning
amputee
asd