

Name: _____ Date: _____

Disability Awareness

1. WASEARENS _____
2. DINDEH _____
3. UTIEEQTTE _____
4. ICNEEDARPLTUB _____
5. ISIECCYBTLSAI _____
6. UOILISNCN _____
7. ETBUSCYJTIVI _____
8. DENTYITI _____
9. AQLTUEYI _____
10. OITACENDU _____
11. DAMATCCOMNOIO _____
12. DTNGIRDUANESN _____