

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Disability Badge

1. EALIWCHREH \_\_\_\_\_
2. CEAN \_\_\_\_\_
3. AEFM \_\_\_\_\_
4. RAPMSCPLAIY \_\_\_\_\_
5. LAKGNWI KTISC \_\_\_\_\_
6. PSMRA \_\_\_\_\_
7. THRESCCU \_\_\_\_\_
8. YIBOTMIL \_\_\_\_\_
9. TILOET FEMAR \_\_\_\_\_
10. YTIMOILB OEOTRCS \_\_\_\_\_