Name: _____ Date: _____

Disability

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

communication
blue badge
Disability
Scooter
Ramp
Helpfulness
Stair lift
Guide Dog
Amputee
Deaf
Hearing Aid
Wheelchair
Hospital
Blind