

Name: _____ Date: _____ Period: _____

Fetal Alcohol Syndrome

1. ATEFL ALOLHCO SYRDENMO _____
2. NO RECU _____
3. LWO OYBD GTHEWI _____
4. NGEPNRCYA _____
5. MMSOTSPY _____
6. TOEMRH _____
7. ALMLS ADHE ZEIS _____
8. EROTHSR TGEIHH _____
9. BBAY _____
10. FMAHLRU _____