

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

# I Can Feel Anger in My Body

1. DHEA \_\_\_\_\_
2. SEEY \_\_\_\_\_
3. RASE \_\_\_\_\_
4. SDLEHUSRO \_\_\_\_\_
5. SIFTS \_\_\_\_\_
6. GESL \_\_\_\_\_
7. RTEHA \_\_\_\_\_
8. COMSATH \_\_\_\_\_
9. ISKN \_\_\_\_\_
10. HSECT \_\_\_\_\_