

Name: _____ Date: _____

Intellectual Disability

1. TCEHTUNIA _____
2. ABILTYI _____
3. LQAUE _____
4. ESPERCT _____
5. UUEINQ _____
6. SGATIM _____
7. TCVIEGION _____
8. MNCYOIUTM INILGV _____
9. AACEPECNCT _____
10. ILNNSUOC _____
11. ONMTALDEEEPVL _____
12. IIEYDRTSV _____
13. EMERBM _____
14. NIDTENPDENE _____
15. ECLSUSFUSC _____