

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

# Learning Disabilities

1. ATMUSI \_\_\_\_\_
2. ILMUSTI \_\_\_\_\_
3. RBERLECA SLYAP \_\_\_\_\_
4. IDIBYLSIAT \_\_\_\_\_
5. HDDA \_\_\_\_\_
6. IDML \_\_\_\_\_
7. ODREAMTE \_\_\_\_\_
8. RVEESE \_\_\_\_\_
9. DASXEYIL \_\_\_\_\_
10. NLARIEGN \_\_\_\_\_
11. OPICNG \_\_\_\_\_
12. PPSURTO \_\_\_\_\_