

Name: _____ Date: _____

Occupational Therapy

1. IVTITCAIES FO DYILA NIVLIG _____
2. SEGRSDIN SIKCT _____
3. NGLO EDLHDNA OSEH OHRN _____
4. DTAHABREN _____
5. EWRLAK _____
6. EELWH ACHIR _____
7. TPRTUATEYH _____
8. NERAG FO IMOONT _____
9. STAFSRRNE _____
10. TEHIDWGE NSTLIEU _____
11. ELROSDHU RCA _____
12. GHETISW _____
13. AERREHC _____
14. ANCLOPUTOIAE REYTPAH _____
15. SCKO IDA _____