

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

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

# Out of My Minnd

X C A S W E X A G G E R A T E V A  
M T E W F U R O K X H I H L F R I  
D C P E Q L I A L F F R I R U J Z  
N T S J Y F G J B I X M O E E C W  
C L M V N Z E D D Q I V O N X E C  
X H G V R U J M L T O A G E E R I  
T B K U F Z O I A B K F Y D C E T  
N J V H M A V T X E R P I R E B S  
E X N W M B I F J F Y S P U V R I  
C T X U W O S G H Z A K G B A A L  
S Y F P N S N A Z B H M C C F L A  
E B O Q J I A F I A W S I O Y P E  
D T M C G T G L N I E M E T G A R  
I E E L M A I V C S H M X S K L T  
R C U D O T Y Y M J U G A R E S S  
I B Y F Y T V X E L U J V R H Y B  
D E T E R M I N A T I O N B S V J

Cerebral palsy

Determination

Disability

Exaggerate

Iridescent

Limitation

Realistic

Bulging

Burden

Flail