

Name: _____

Date: _____

Persons With Disabilities

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

DISCRIMINATION

HUMAN RIGHTS

INTERACTION

PARTICIPATE

DISABILITY

EMPLOYED

SOCIETY

DONATE

VOTE

REAP