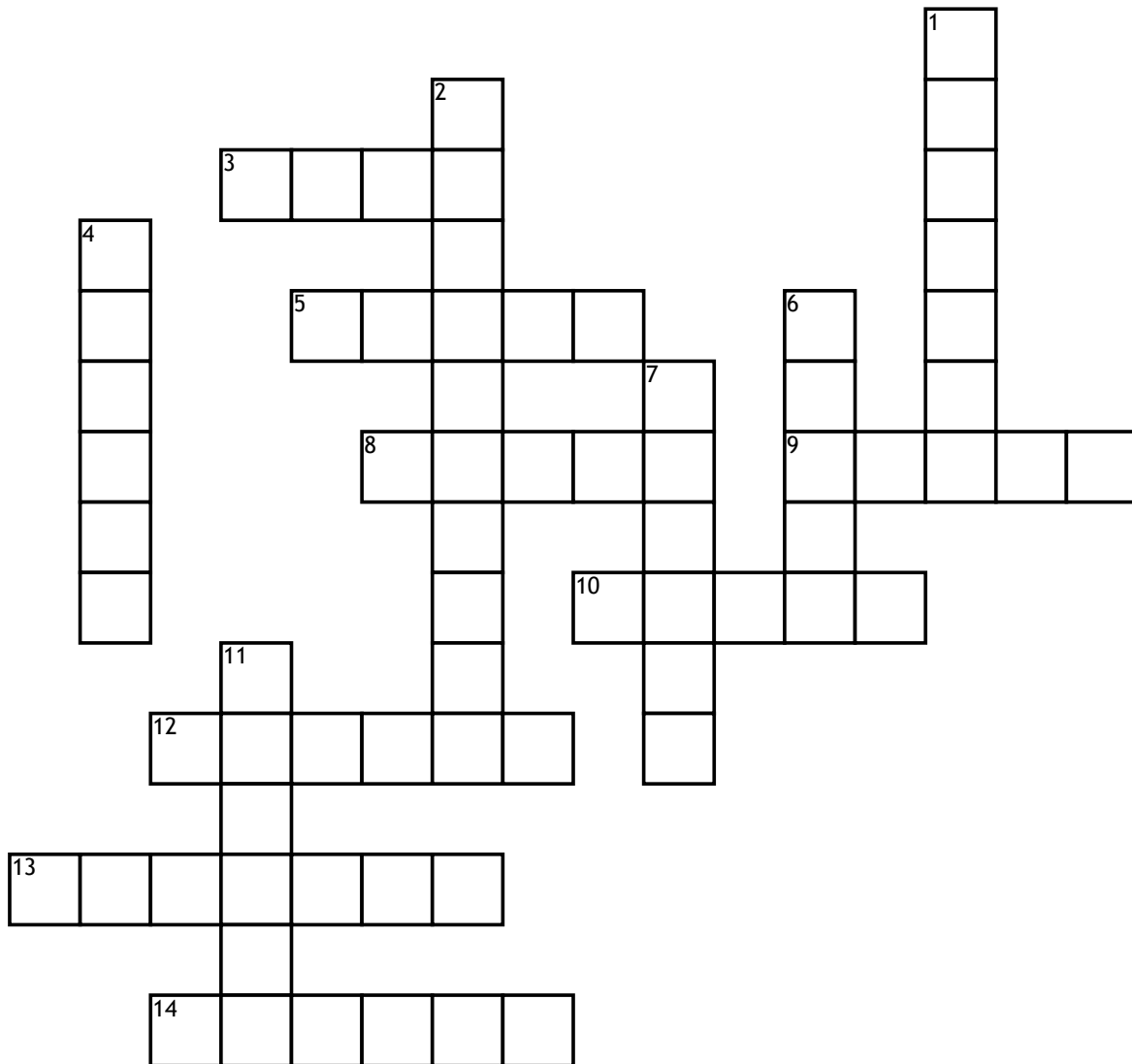


Name: _____

Date: _____

Repaso (Review)



Across

3. eyes

5. pen

8. chair

9. arm

10. fingers

12. Thursday

13. teeth

14. 20

Down

1. 70

2. student

4. leg

6. book

7. head

11. 15