

Name: _____

Special Educational Needs

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

Muscular Dystrophy
Disabilities
Children
Needs

Anxiety Disorders
Difficulties
Support
ADHD

Mood disorder
Scoliosis
Autism
SEN