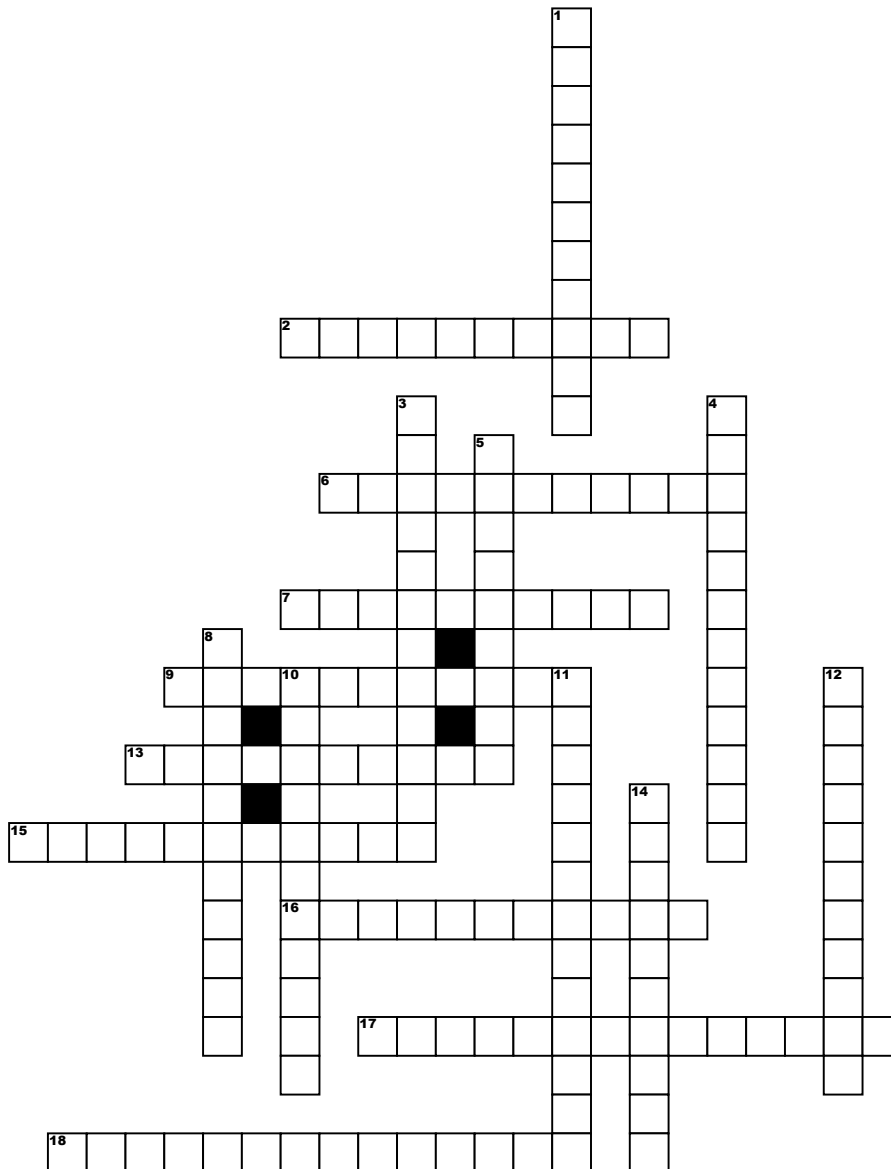


Name: _____ Date: _____ Period: _____

Phobias



Across

2. Fear of Mice

6. Fear of Rain

7. Fear of Strangers

9. Fear of the Dark

13. Fear of Heights

15. Fear of open spaces

16. Fear of sleep

17. Fear of School

18. Fear of Mirrors

Down

1. Fear of Being Afraid

3. Fear of Books

4. Fear of Hand writing

5. Fear of Animals

8. Fear of Water

10. Fear of being Buried alive

11. Fear of Spiders

12. Fear of Firearms

14. Fear of being Poisoned