Name: _____ Date: _____

Special Needs

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

intellectual
challenged
symptoms
gifted
deprivation
therapist
dyslexia
signs
hyperactive
therapies
disabled
adhd
hypoactive
diagnosis
aphasia
add