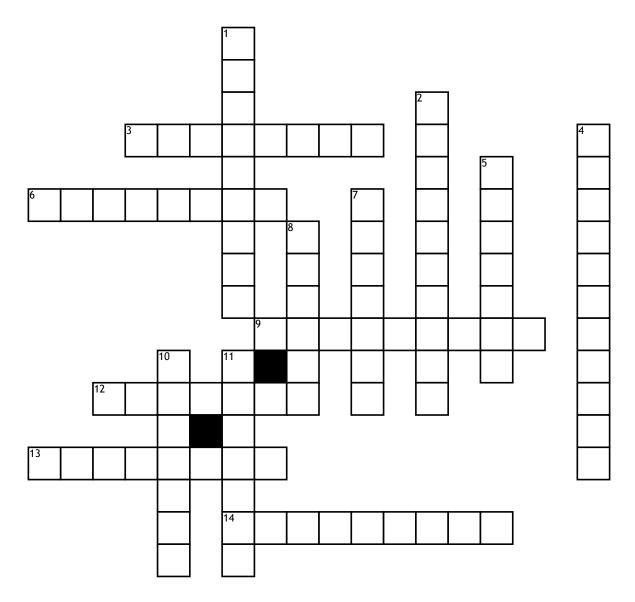
Name:	Date:
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## **COMPOUND WORDS**



## **Across**

3. SCHOOL WORK DONE AT HOME

**6.** DURING THE LIGHT OF THE DAY

**9.** SOME OF THE TIME

12. THE WEATHER

**13.** THE DAY YOU WERE BORN

14. A PART OF THE DAY AFTER LUNCH

## Down

1. AN ITEM OR THING

**2.** ALL

4. YOUR MOM'S MOM

**5.** A PLACE THAT IS SAFE

**7.** A MALE ON HIS OWN

8. ANY PERSON10. NOT TO HAVE ANY

11. A PLACE FAR FROM HERE