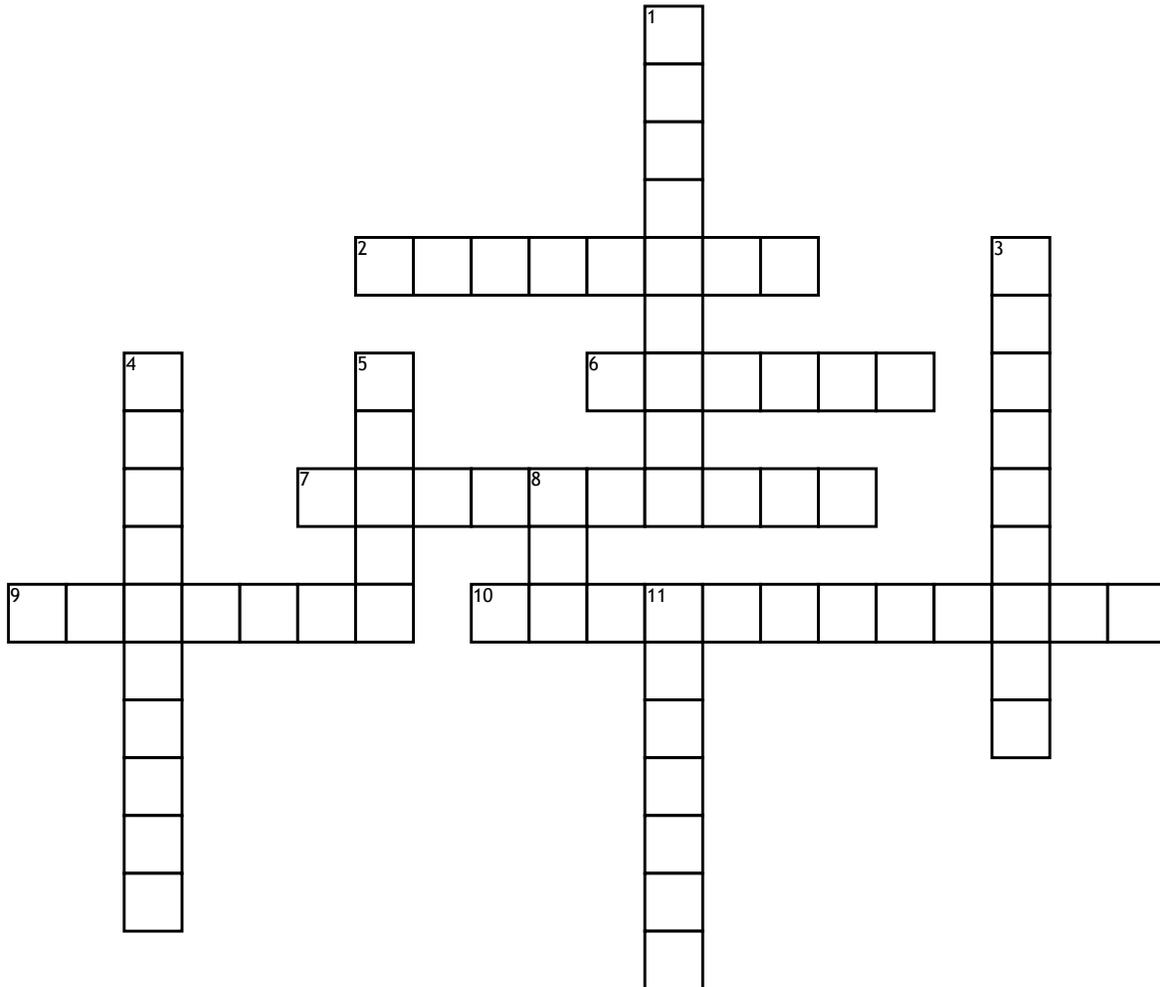


Name: _____

Date: _____

Growing Up Trans



Across

- 2.
- 6.
- 7.
- 9.
- 10.

Down

- 1.
- 3.
- 4.
- 5.
- 8.
- 11.