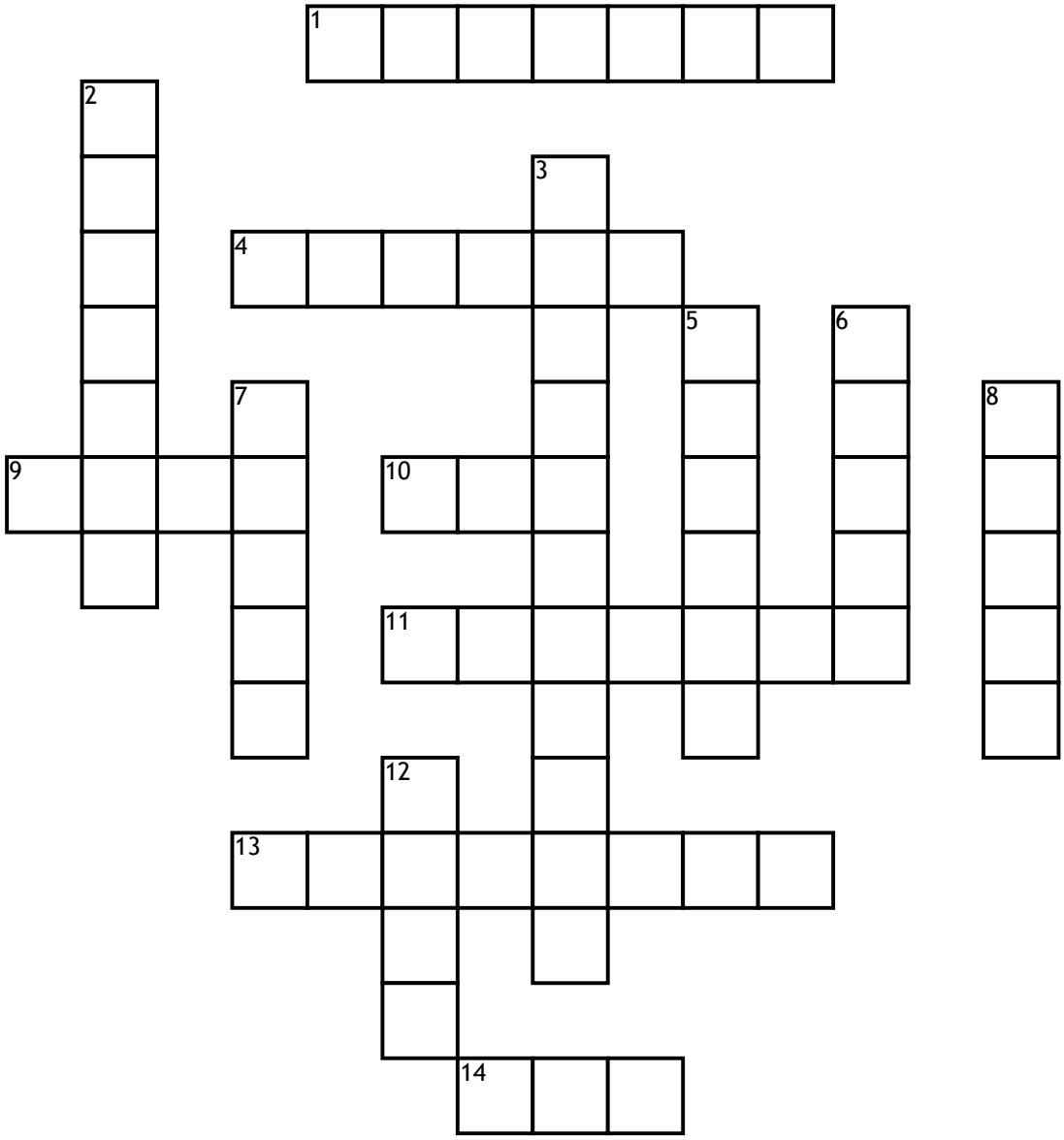
Name: _____ Date: _____

maggie



Across

1. day of week that you have OT

4. your first name

9. one of your favorite colors

10. how many cats do you have

11. your last name

13. current Netflix favorite show

14. current age

Down

2. city where you live

3. name of school

5. month of your birth

6. another favorite color

7. what have you lost from your mouth

8. state where you live

12. activity you do with mom