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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_ | Period: \_\_\_\_\_\_\_ |

Feelings

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|  |  |  |  |  |  | 6 |  |  |  |  |  | 7 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | 8 |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  | 11 |  |  |  |  |  |  |  |  |  |  |  |
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|  | 13 |  |  |  |  |  |  |  |  | 14 |  |  |  |  |  |  |  |  |  |
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| **Across**  **3.** aburrido  **8.** Tengo sed  **13.** muy bien  **14.** mal  **15.** cansado  **17.** triste  **18.** nervioso  **19.** Tengo calor | **Down**  **1.** asi asi  **2.** contento  **4.** enojado  **5.** Tengo hambre  **6.** emocionado  **7.** Tengo frio  **9.** excelente  **10.** muy mal  **11.** bien  **12.** enfermo  **16.** Tengo miedo |