

I want to tell you something about:

Family/ Friends

Places

Personal Needs

Eating & Drinking

Breathing

Health

Appointments

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

YES

END OF WORD

NO

Toilet



Bed



Reposition me



I have pain



Clean my mouth



Wipe eyes/nose



I have an itch



I am hot / cold



Hungry / Thirsty



Glasses



TV



Family

