

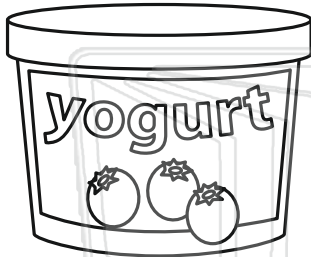


Name _____

Date _____

Basic Needs - Food & Water

What do you eat and drink? Circle healthy food.



PREVIEW

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