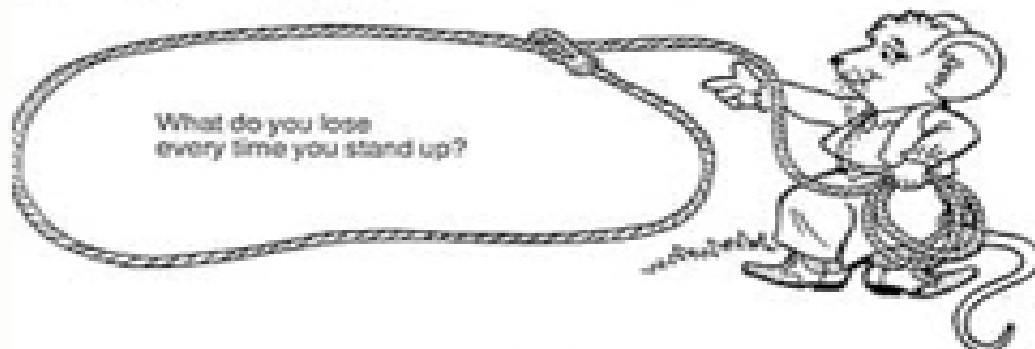


Name _____



Circle the letter in the correct column.
Then put the circled letters on the blanks below.
Be sure to put them in order.

		Same	Different
a)	blind not able to see	Y	Q
b)	few a lot	C	O
c)	hungry needing food	U	N
d)	asleep not awake	R	M
e)	dark light	T	L
f)	empty full	I	A
g)	heavy hard to lift	P	D



_____ (a) _____ (b) _____ (c) _____ (d) _____ (e) _____ (f) _____ (g)