

NAME: _____ DATE: _____

Did You See That

F I C U Q Q T Z N C B E Y Y F
T A H I M I L O Y R X X J W I
F P I O T X I M P N A A Q X N
Y V R N M J W N R M L M U W S
A C L I T F C O V S Q I R R P
T V Q M I T S O N I X N I P E
H I E S M U D E W L S E R C C
N S N K C F L D Z K T I X H T
D U J O Z F N G G O S U B W J
U A F H P K D I M A G E L L V
C L F K R K L C T M Z N U I E
O I R P E A G S U V D E I R B
F Z Z G F N T J O P M N S X H
S E I G L A N C E R V K P B Q
B Z J H R M A D B V C B V X A

GLANCE
IMAGE
EXAMINE
FAINT
VISUALIZE
INVISIBLE
LENS
FOCUS
INSPECT
GAZE