

<b>YES</b>				END OF WORD		NEW WORD				<b>NO</b>	
<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>					
<b>E</b>		<b>F</b>		<b>G</b>		<b>H</b>					
<b>I</b>		<b>J</b>		<b>K</b>		<b>L</b>		<b>M</b>		<b>N</b>	
<b>O</b>		<b>P</b>		<b>Q</b>		<b>R</b>		<b>S</b>		<b>T</b>	
<b>U</b>		<b>V</b>		<b>W</b>		<b>X</b>		<b>Y</b>		<b>Z</b>	
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	

## Basic needs

**I am in pain**

**I need the toilet**

**Water please**

**I want to go to bed**

**Please brush my hair**

**I am uncomfortable**

**I need a tissue**

**What time is it?**

**I need a drink**

**Scratch my nose**