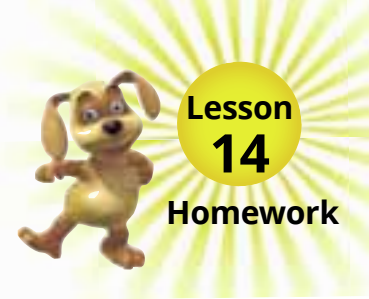


Name \_\_\_\_\_



○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○

○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○

○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○    ○ ○

**Students:** Look below to see what Braille looks like. Tomorrow in school you will be learning more about Braille. Pick out the letters that are in your name. Bring this sheet back to class tomorrow.

**Parents:** As the students pick out the letters that are in their name, help them fill in the dots above that are below their name. They will be using this guide to make their names in Braille tomorrow.

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		