

Name: _____

Date: _____

Hearing

J H L Z V R D P O C Z T D T T Q W	SOUND WAVES
B E J E I A D T R A N S M I T B O	LOUDSPEAKER
M R Y F R E Q U E N C Y L E M W U	INSTRUMENT
W R C V E C H O W A V E I Z A D N	LISTENING
O J W Z R K T A O W M U S R U J I	FREQUENCY
J V I E Y B B P P V P L T K W L N	TRANSMIT
L O U D S P E A K E R N E T P J S	LOUDNESS
Z L L O W L H Q N X Z Q N T V J T	DECIBEL
V U P E K P L X Y T S T I E A R R	VIBRATE
C M M B F T A Y O Q B G N F A Q U	VOLUME
T E U S F P F A Q F U H G M V H M	PITCH
L O U D N E S S F C P I T C H L E	ECHO
P Q C X P G V H P C A G W O G Q N	WAVE
R W D E C I B E L P P H W R T Z T	HIGH
V P F P L J D S O U N D W A V E S	EAR
H V J S V I B R A T E Q H B K B K	LOW
L H K E T J R M U G V E T W E G H	





