

Color By Letter

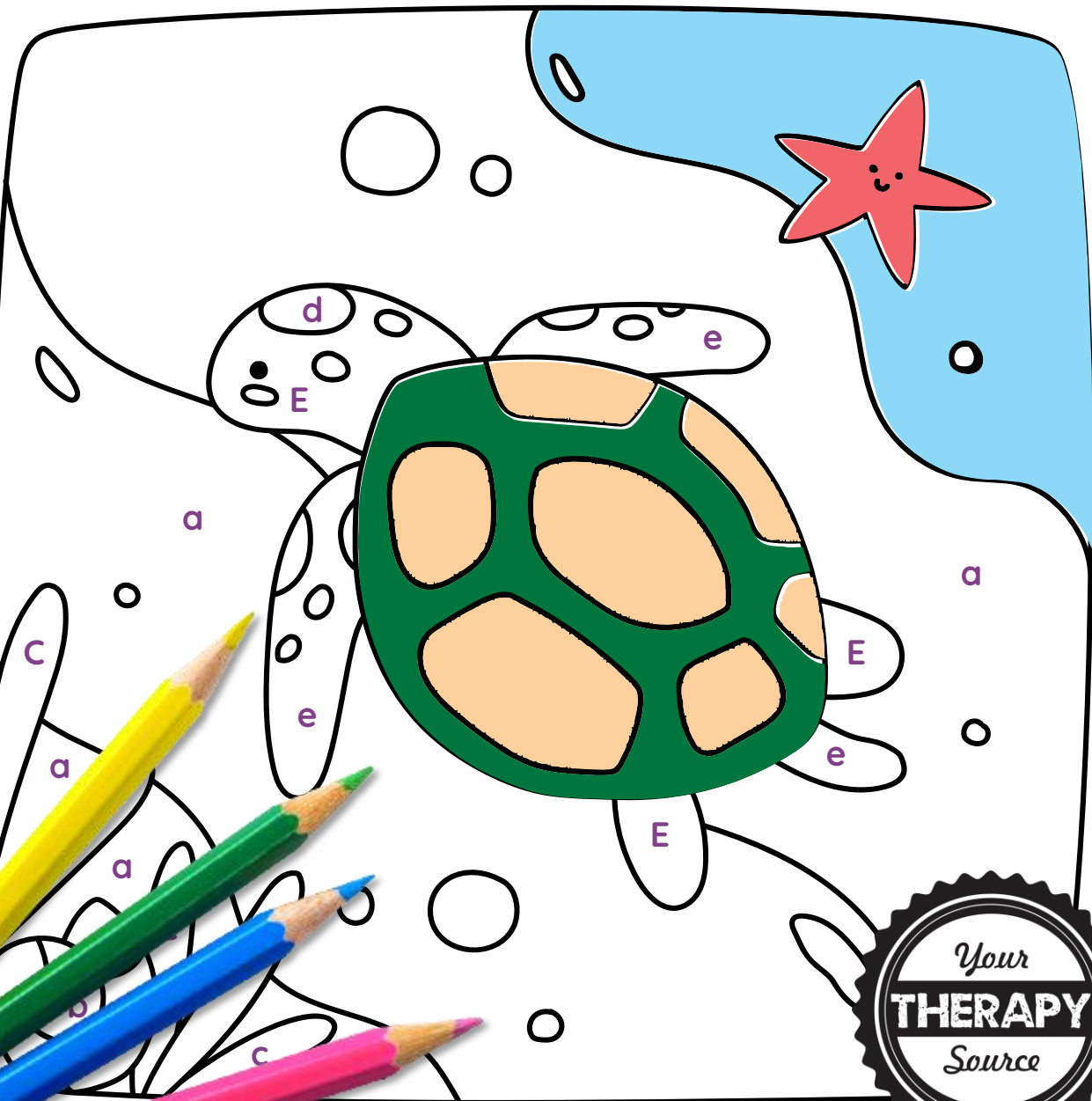
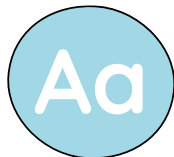
LIGHT BLUE

PINK

LIGHT GREEN

DARK GREEN

ORANGE



Your Therapy Source, Inc.
43 South Main Street
Schaghticoke, NY 12154
www.yourtherapysource.com

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Name: _____

Date: _____

Color By Letter

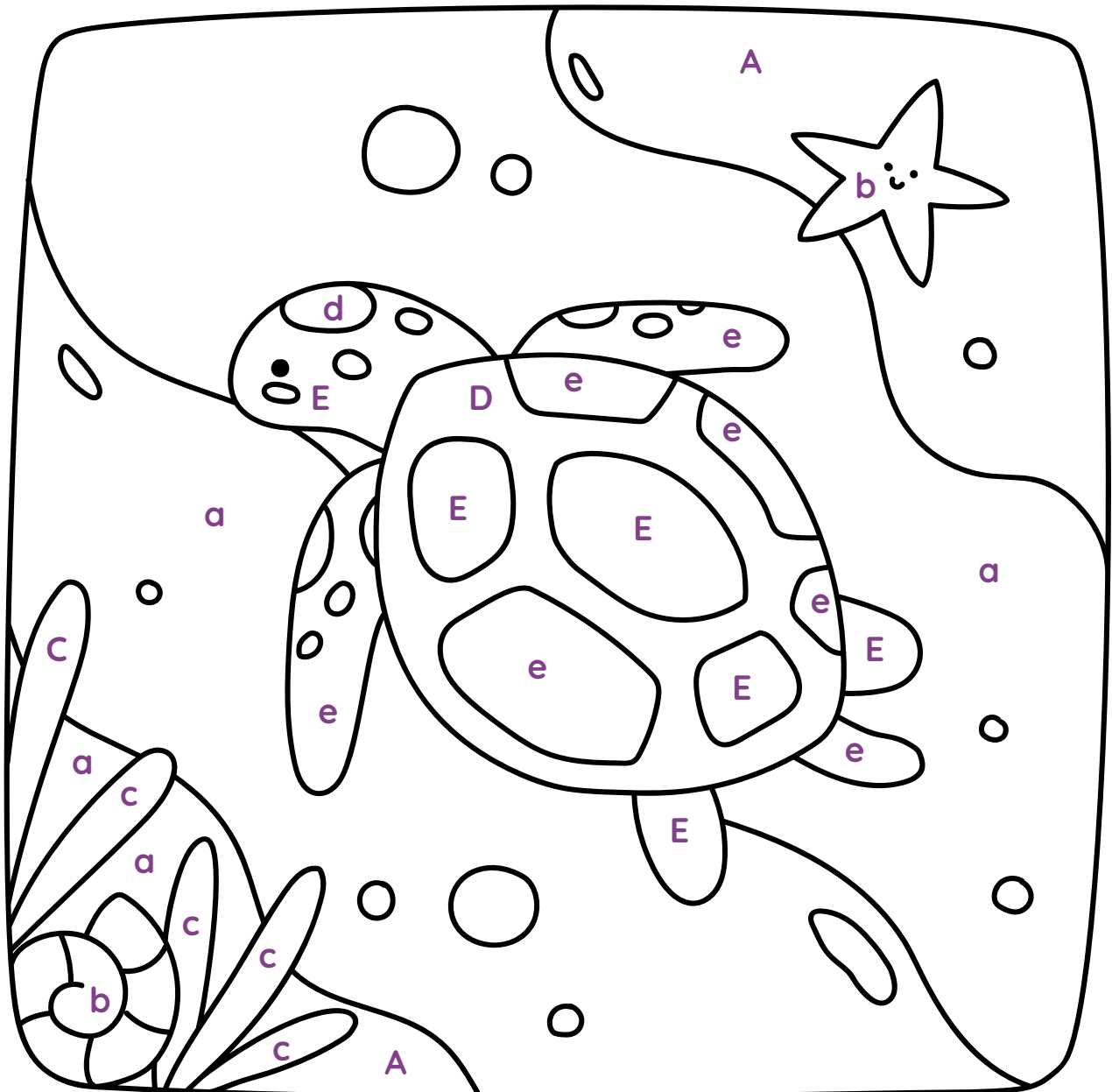
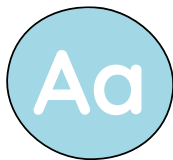
LIGHT BLUE

PINK

LIGHT GREEN

DARK GREEN

ORANGE



Name: _____

Date: _____

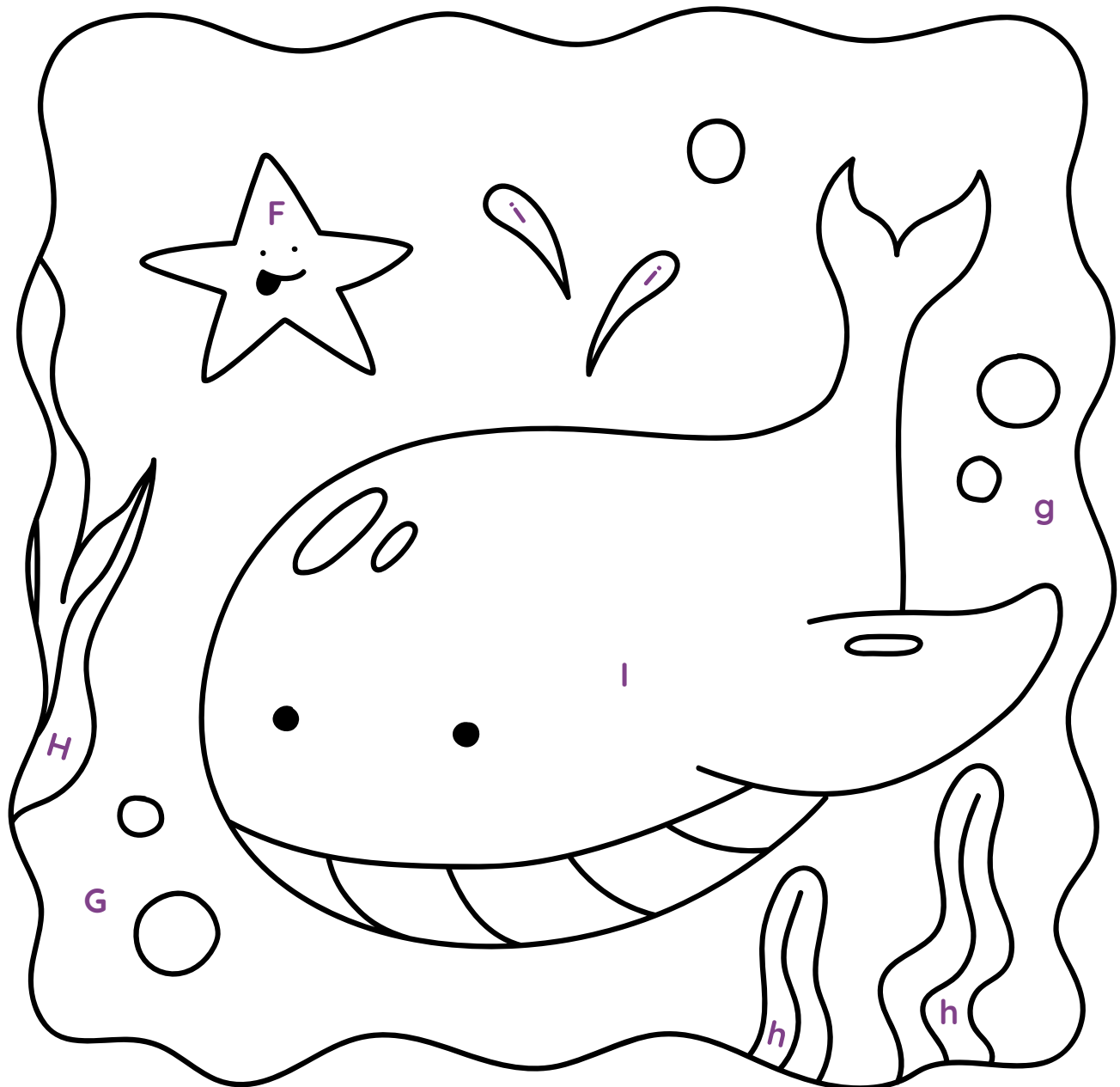
Color By Letter

PINK

LIGHT BLUE

GREEN

DARK BLUE

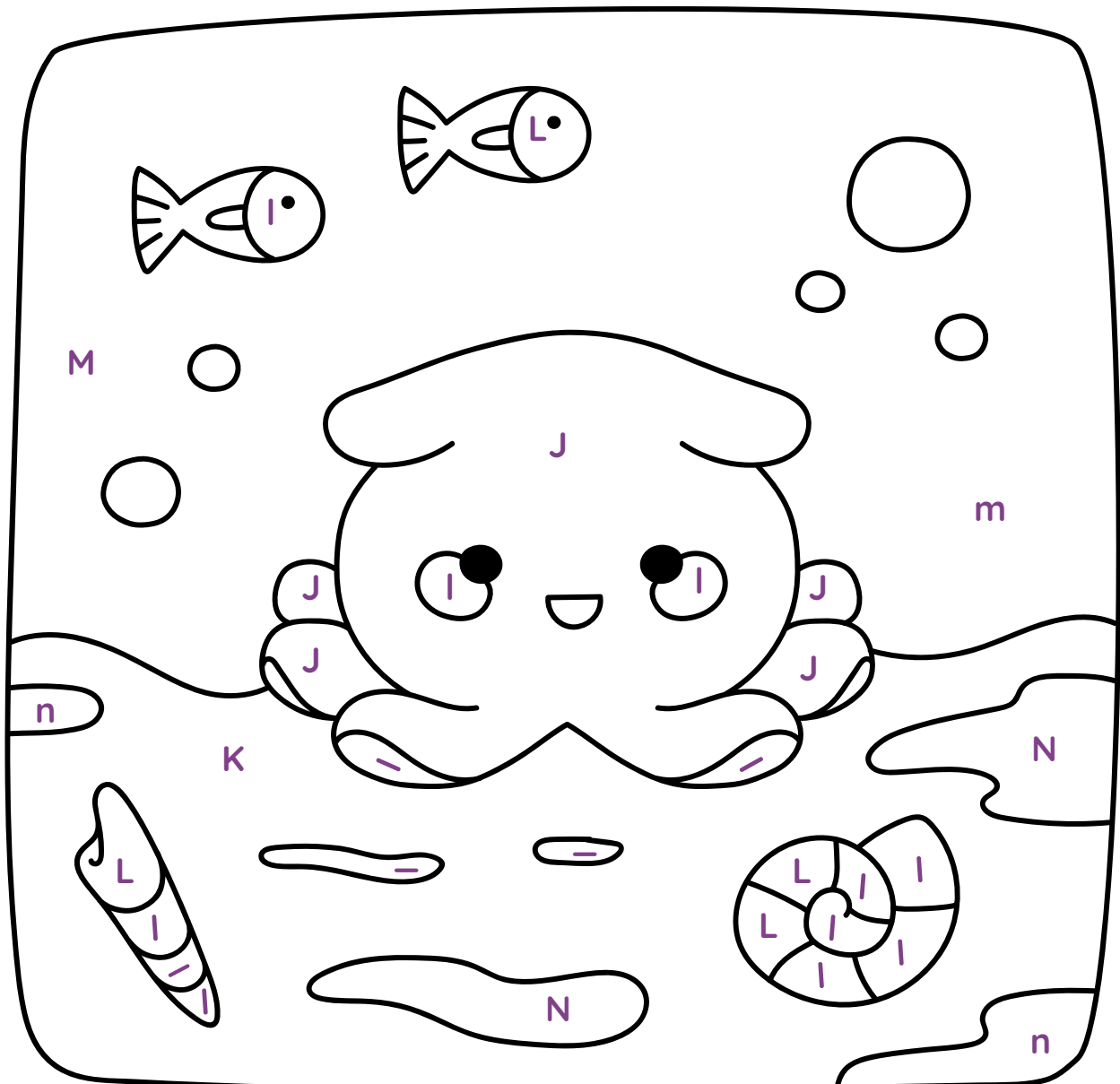
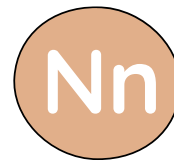
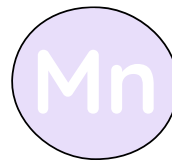


Name: _____

Date: _____

Color By Letter

DARK PURPLE ORANGE RED LIGHT PURPLE BROWN



Name: _____

Date: _____

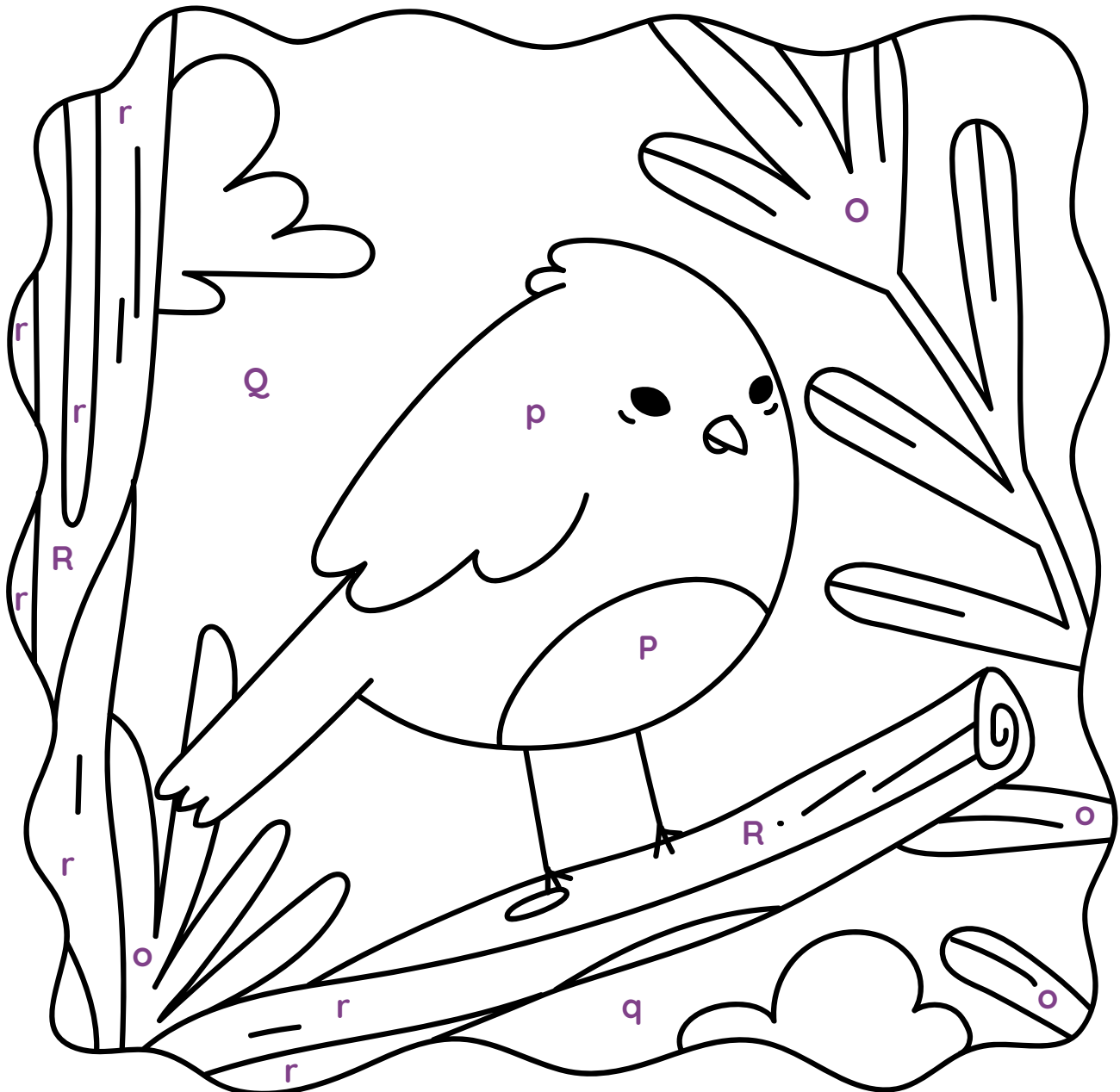
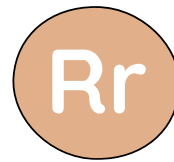
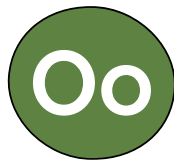
Color By Letter

GREEN

ORANGE

LIGHT BLUE

BROWN



Name: _____

Date: _____

Color By Letter

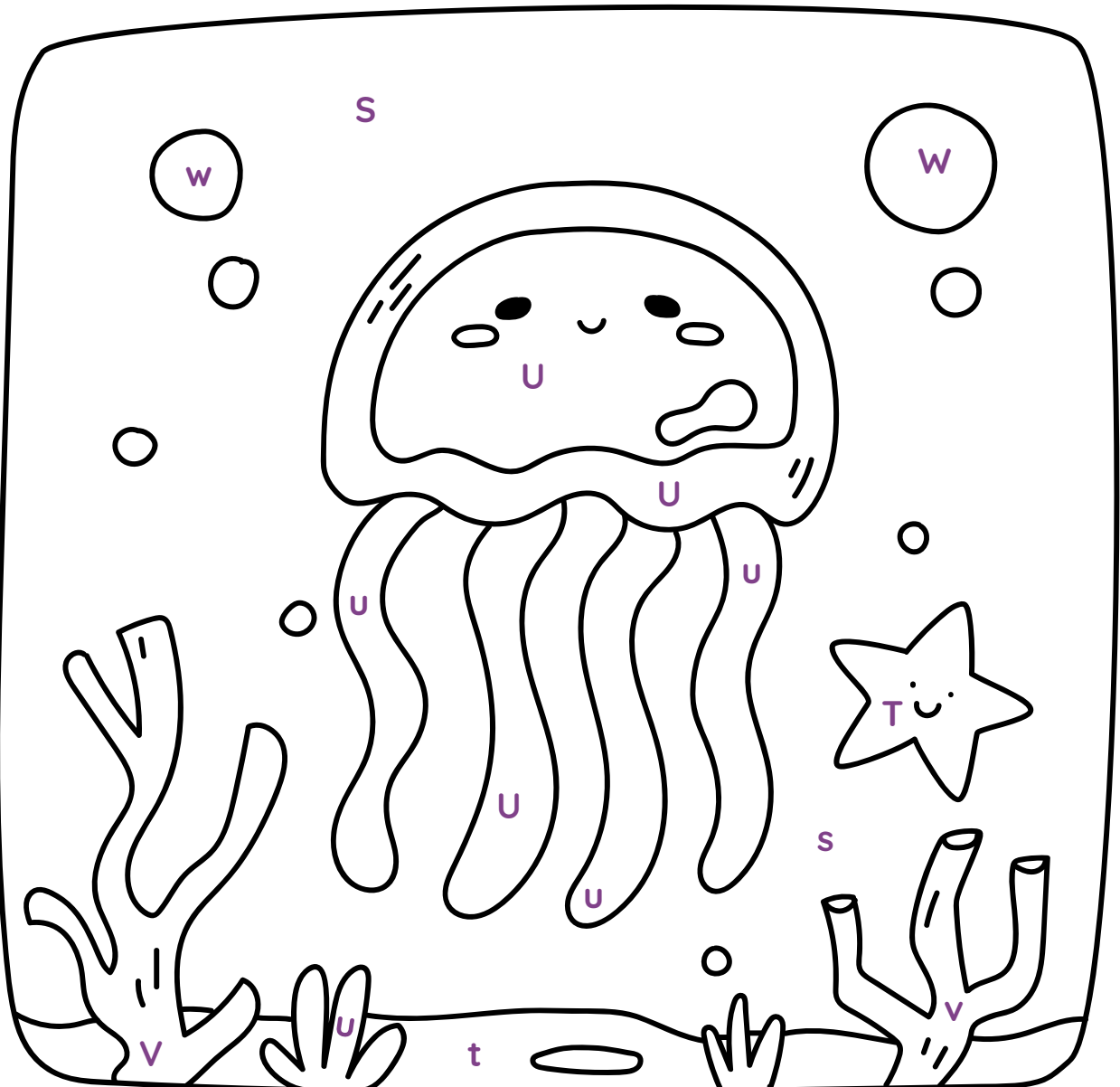
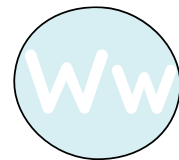
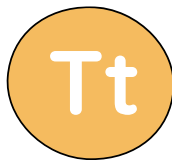
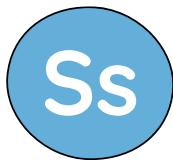
LIGHT BLUE

ORANGE

RED

PURPLE

LIGHT BLUE



Name: _____

Date: _____

Color By Letter

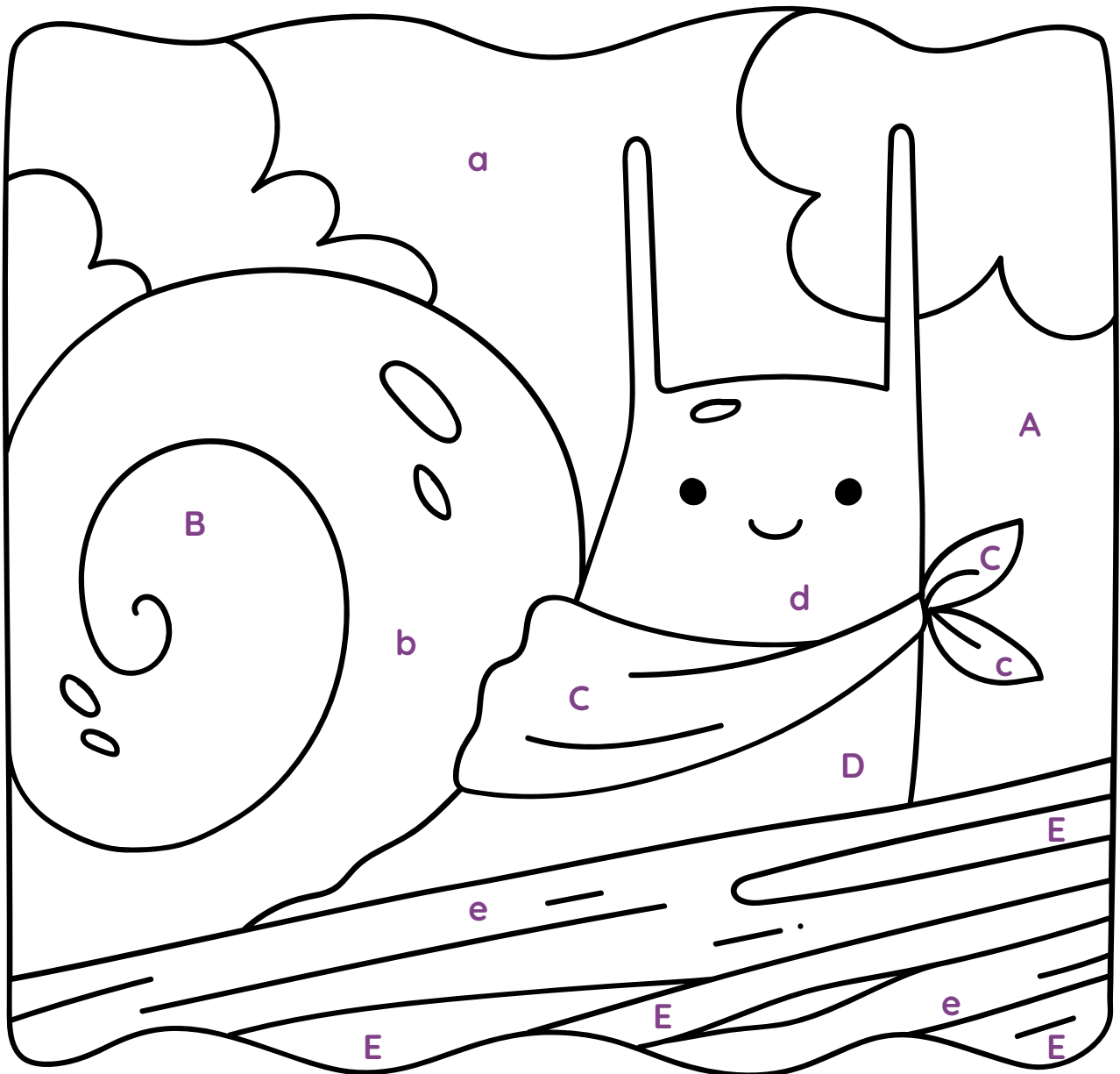
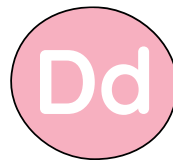
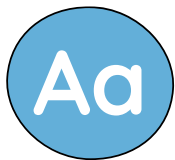
LIGHT BLUE

BROWN

PURPLE

PINK

ORANGE



Name: _____

Date: _____

Color By Letter

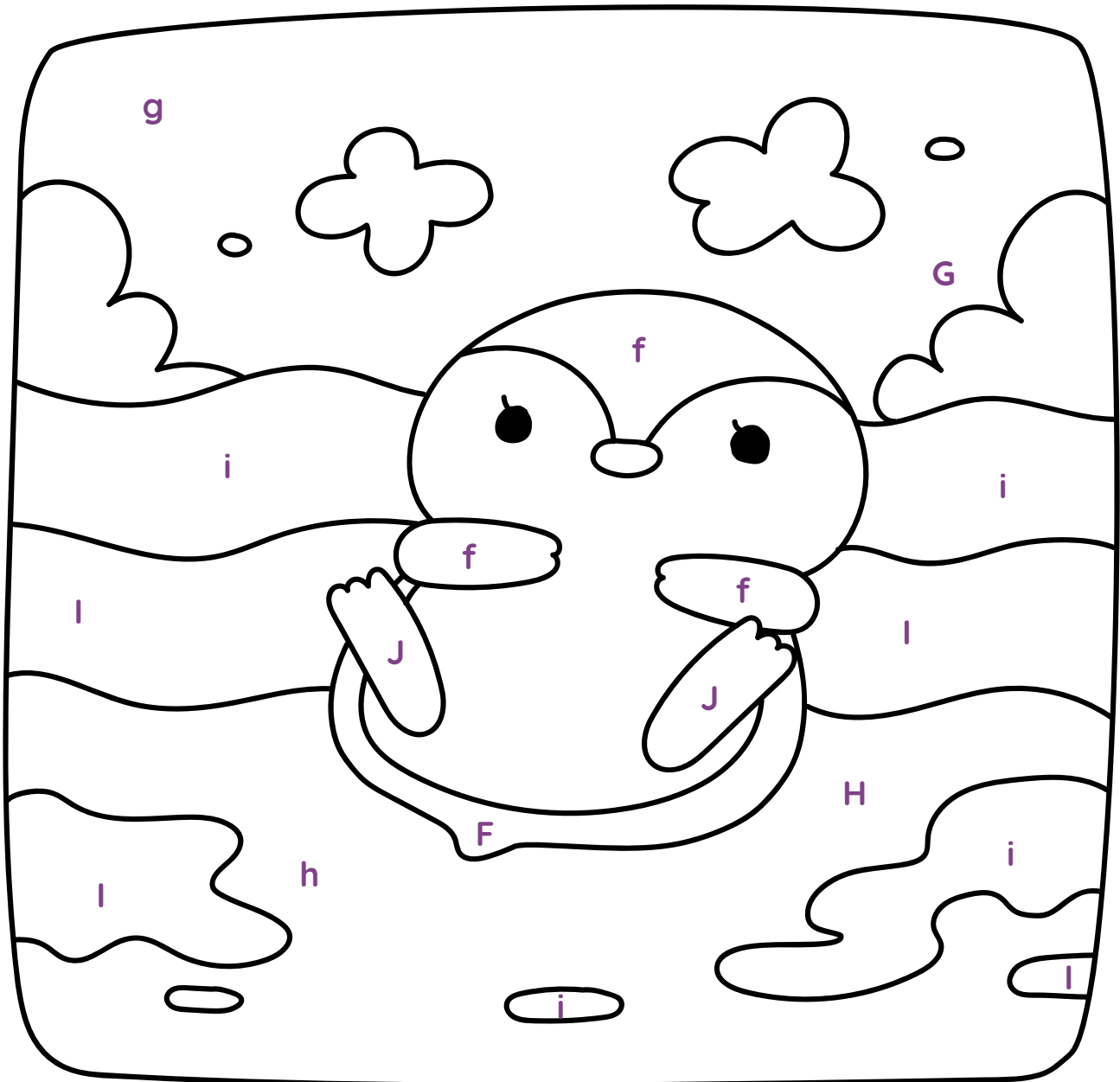
PURPLE

LIGHT BLUE

ORANGE

DARK BLUE

BLACK



Name: _____

Date: _____

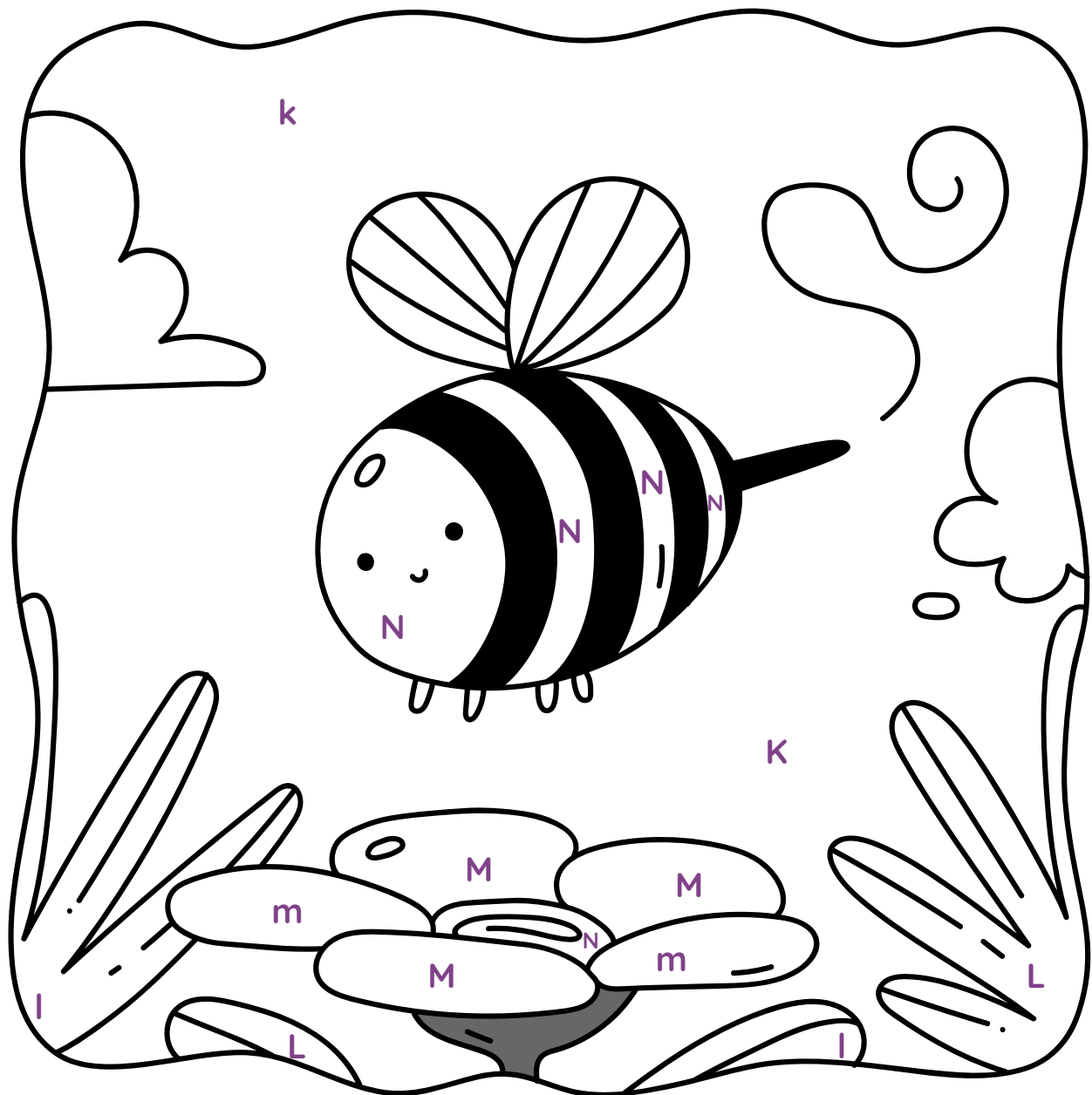
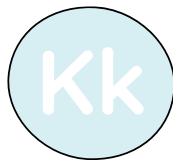
Color By Letter

LIGHT BLUE

GREEN

PINK

YELLOW



Name: _____

Date: _____

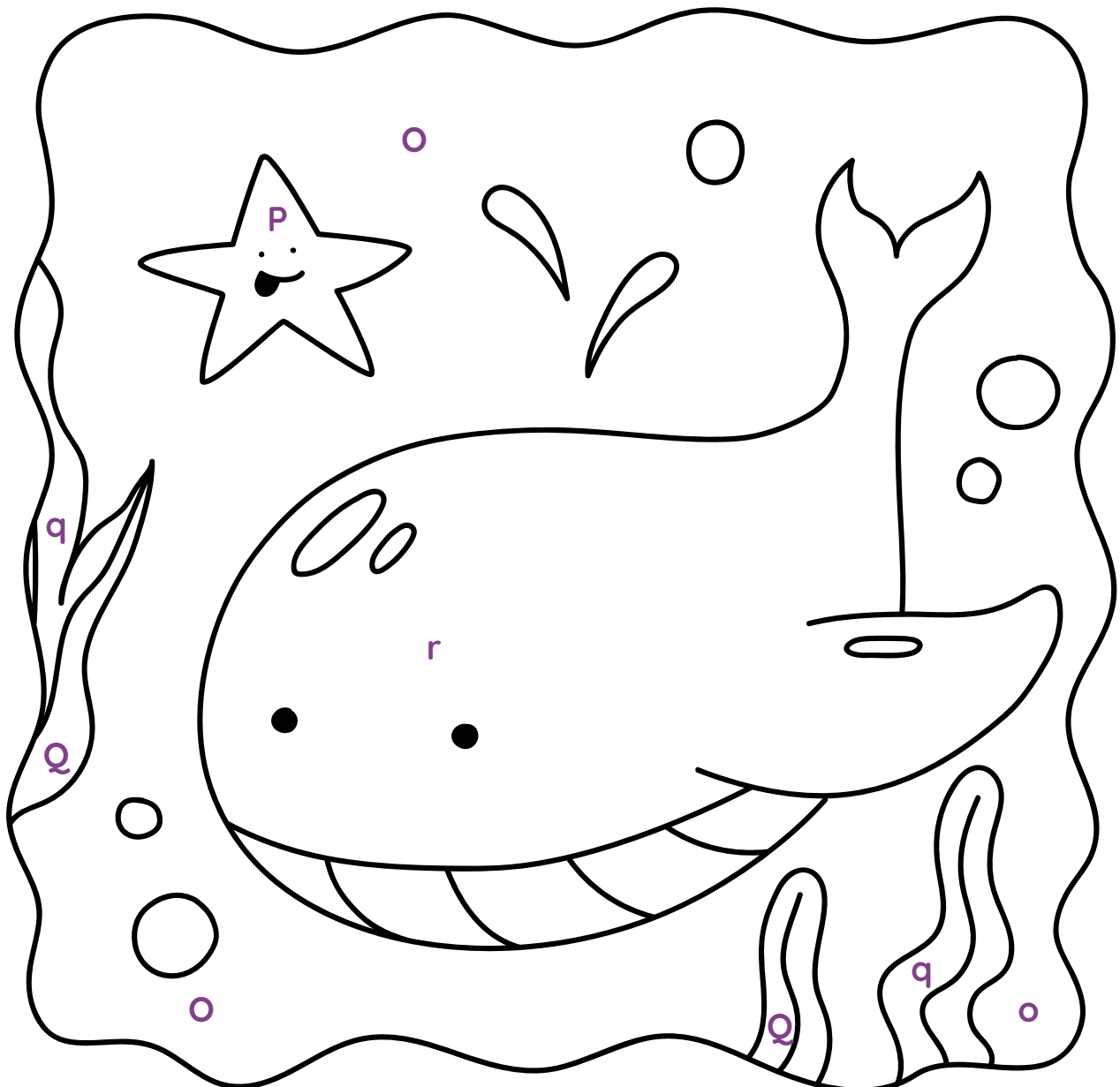
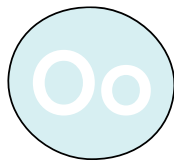
Color By Letter

LIGHT BLUE

PINK

GREEN

DARK BLUE



Name: _____

Date: _____

Color By Letter

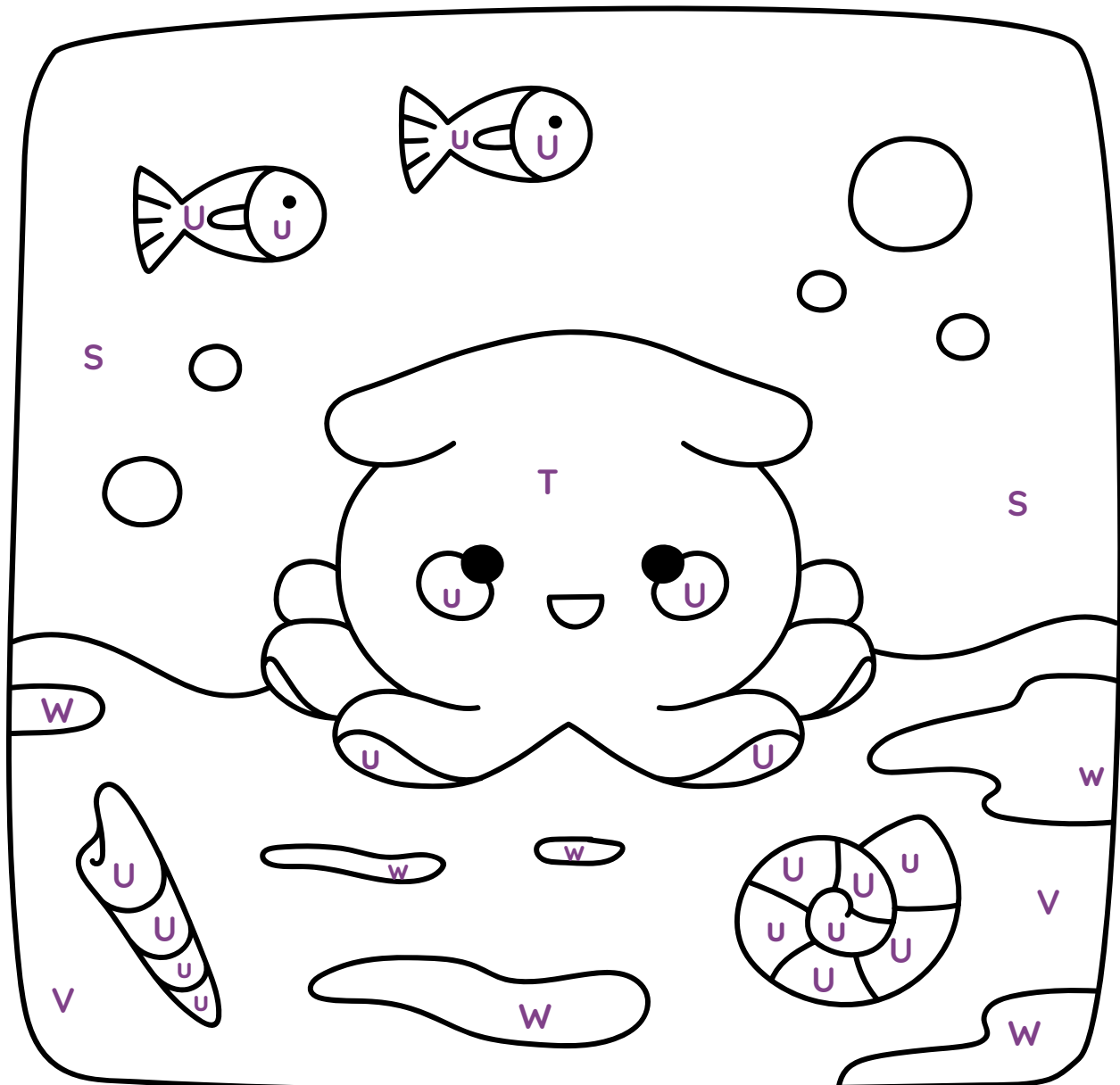
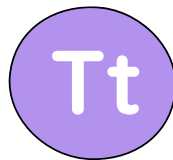
BLUE

PURPLE

PINK

TAN

BROWN



Name: _____

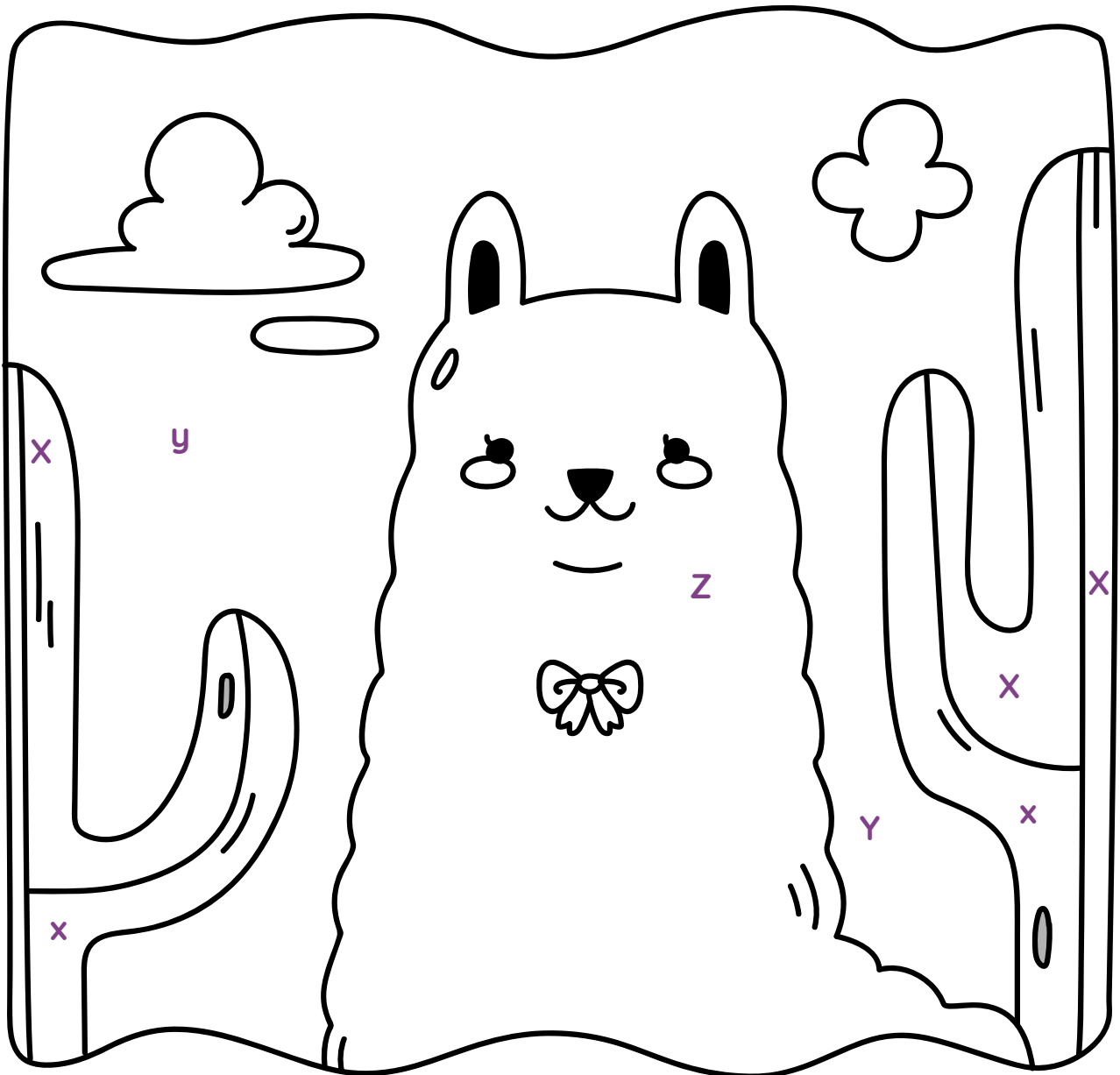
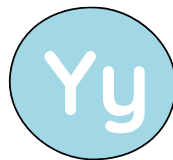
Date: _____

Color By Letter

GREEN

BLUE

ORANGE



Name: _____

Date: _____

Color By Letter

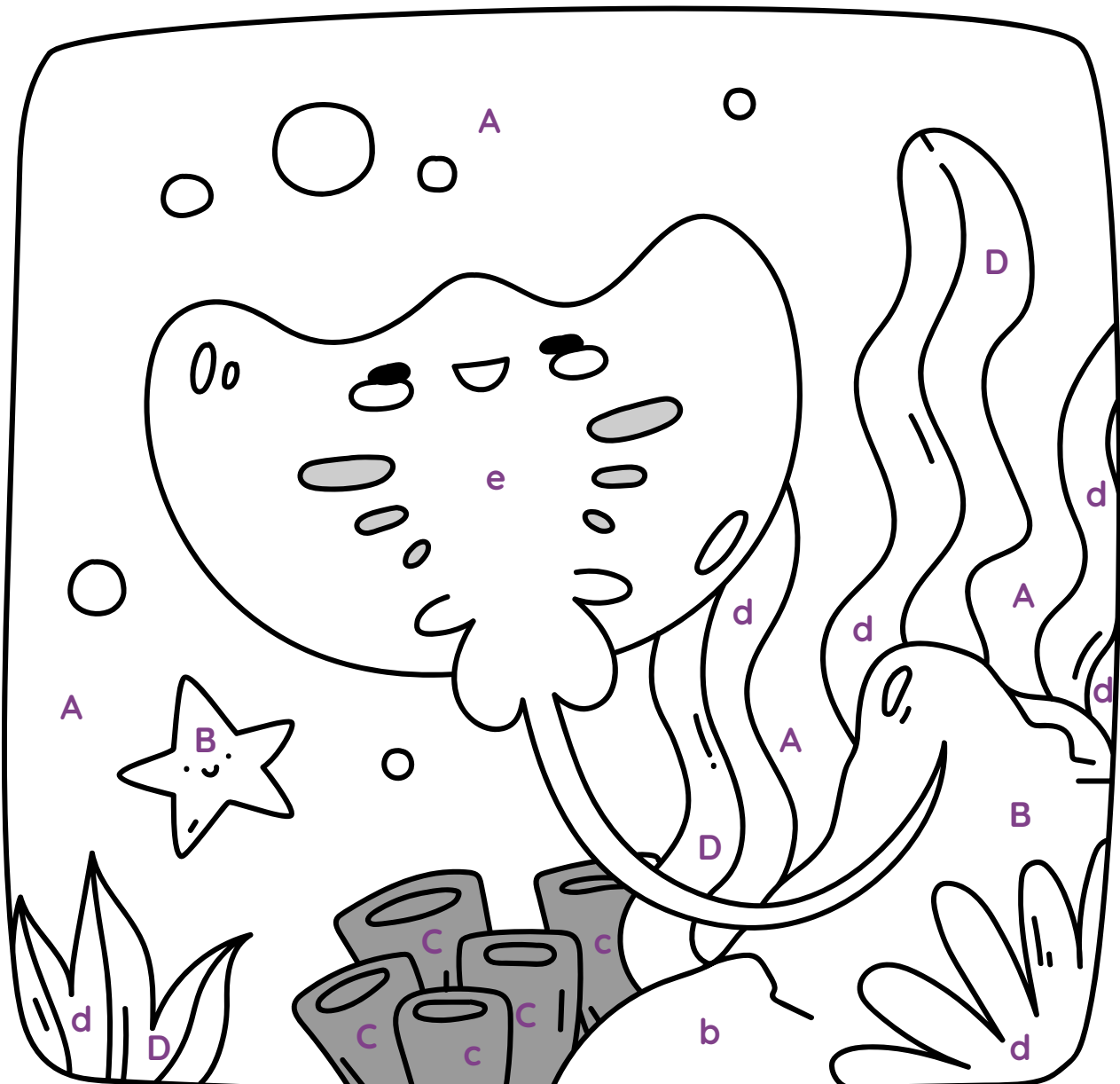
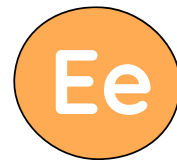
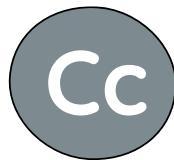
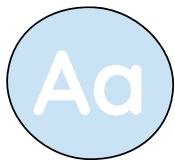
LIGHT BLUE

PINK

GREY

GREEN

ORANGE



Name: _____

Date: _____

Color By Letter

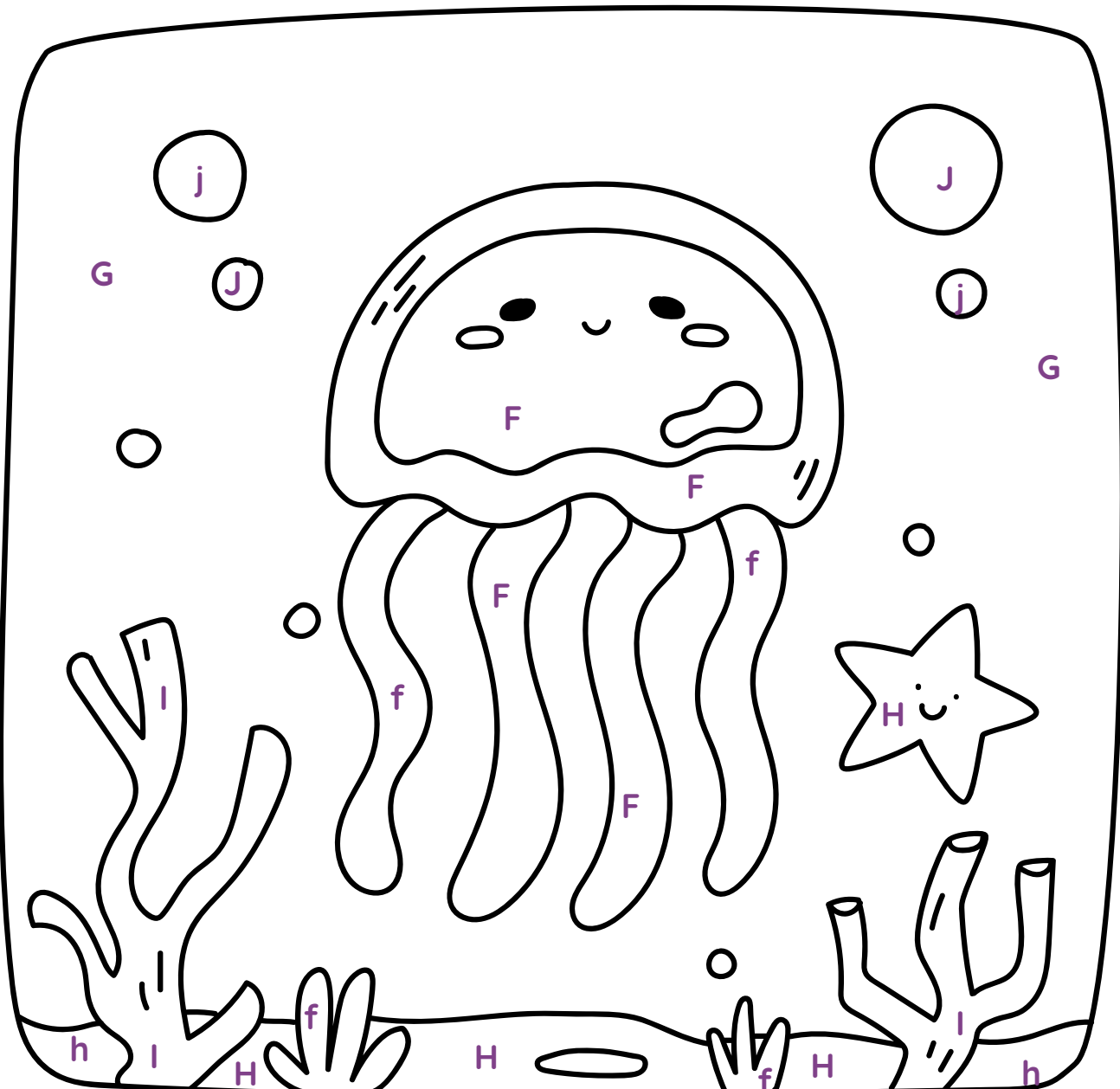
PINK

LIGHT BLUE

ORANGE

GREEN

DARK BLUE



Name: _____

Date: _____

Color By Letter

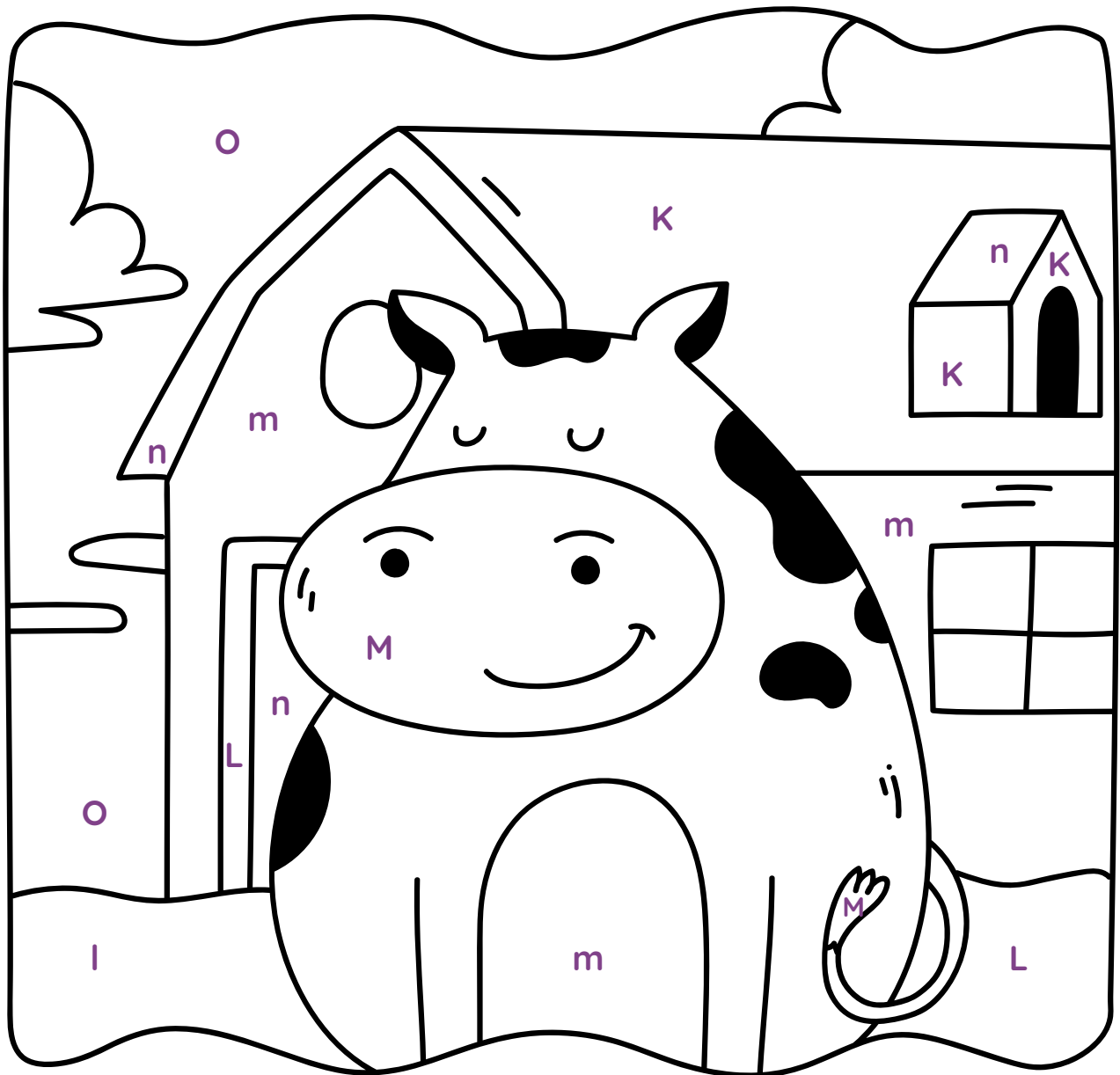
RED

GREEN

BROWN

BLACK

BLUE



Name: _____

Date: _____

Color By Letter

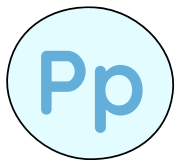
LIGHT BLUE

GREY

GREEN

DARK BLUE

TAN



Name: _____

Date: _____

Color By Letter

LIGHT GREEN

DARK GREEN

BROWN

GREY

BLACK



Name: _____

Date: _____

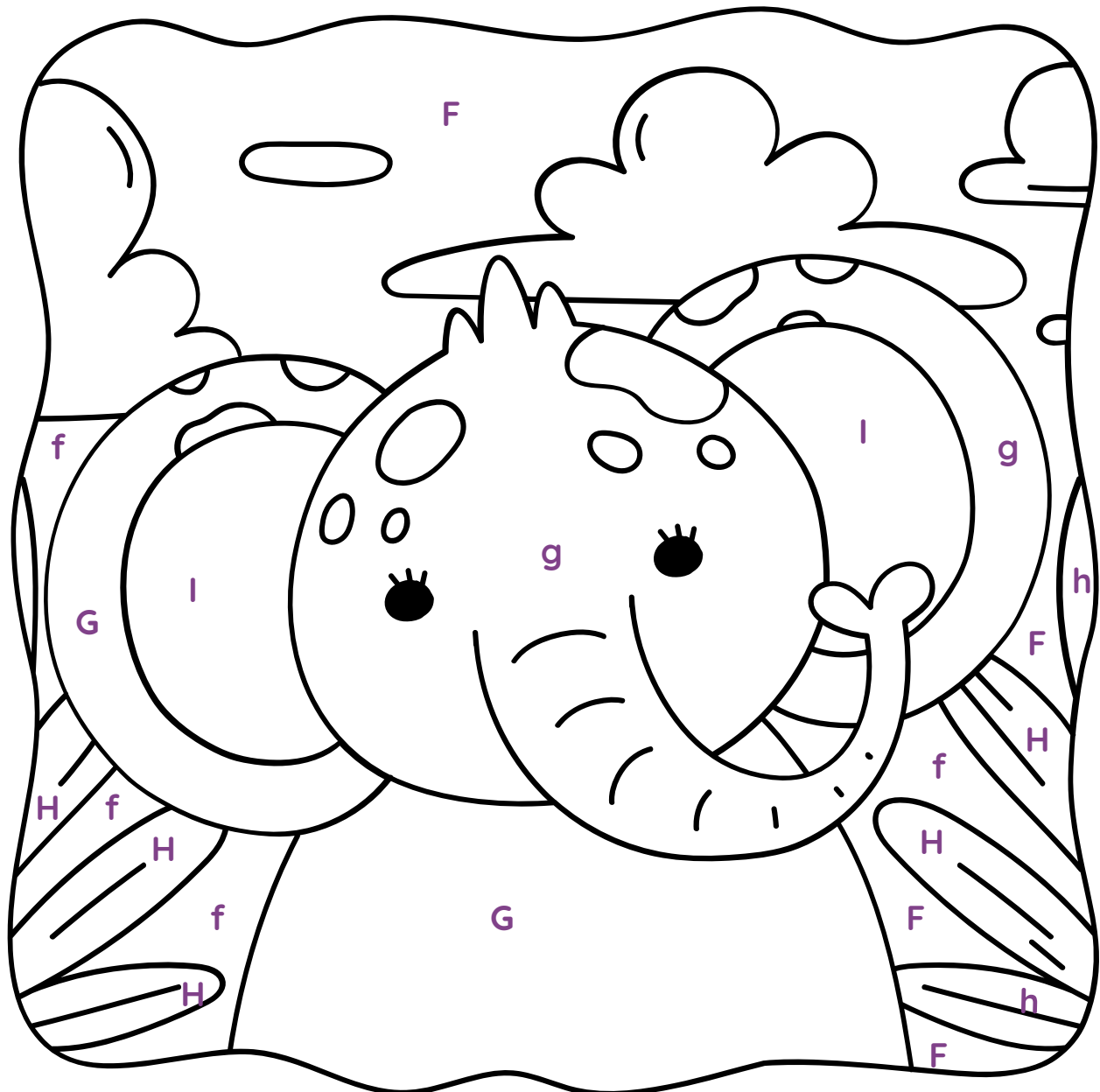
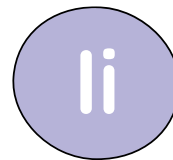
Color By Letter

LIGHT BLUE

GREY

GREEN

PURPLE

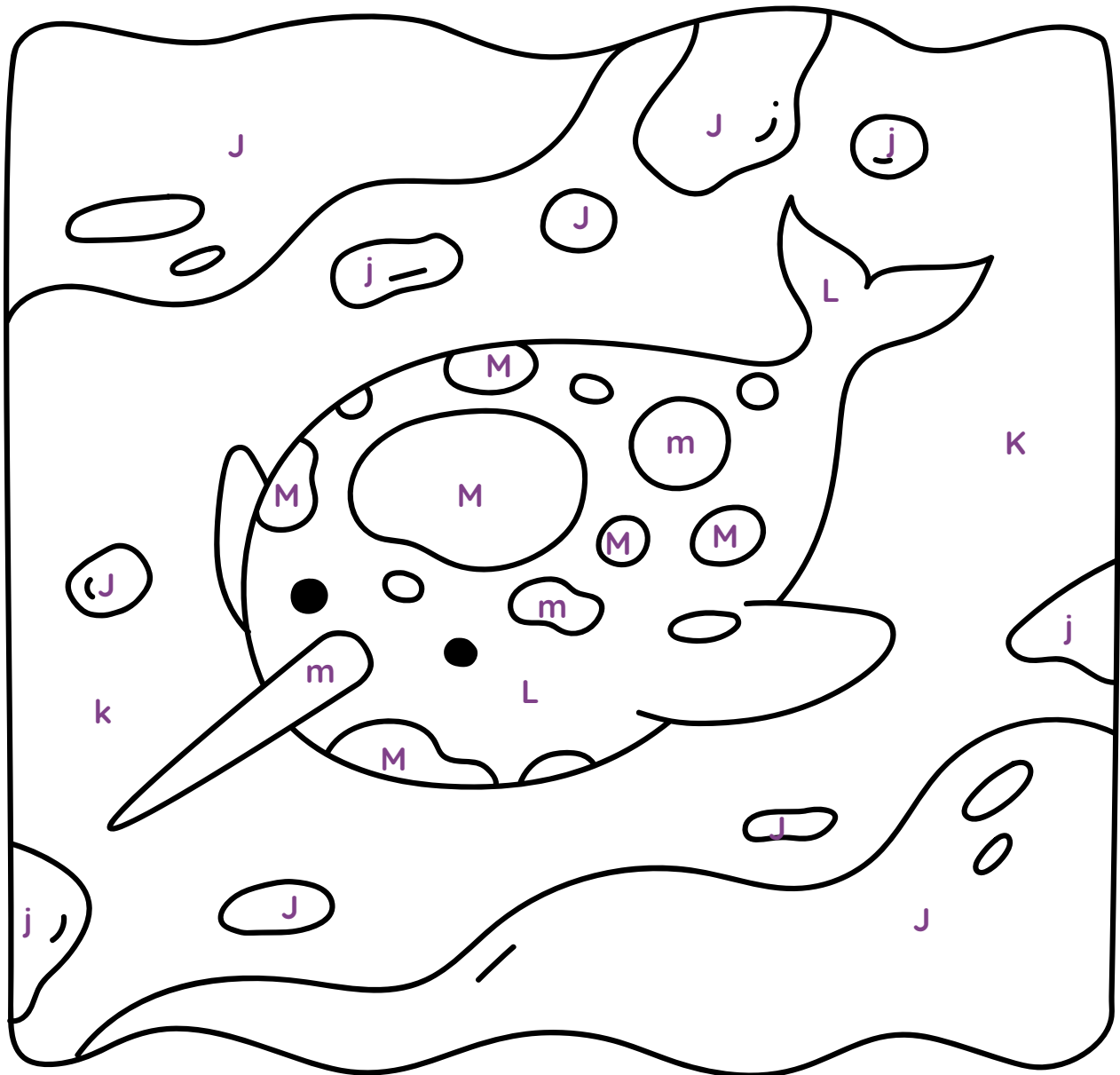
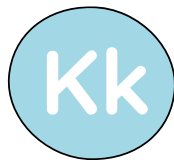


Name: _____

Date: _____

Color By Letter

LIGHT GREY LIGHT BLUE DARK GREY DARK BLUE



Name: _____

Date: _____

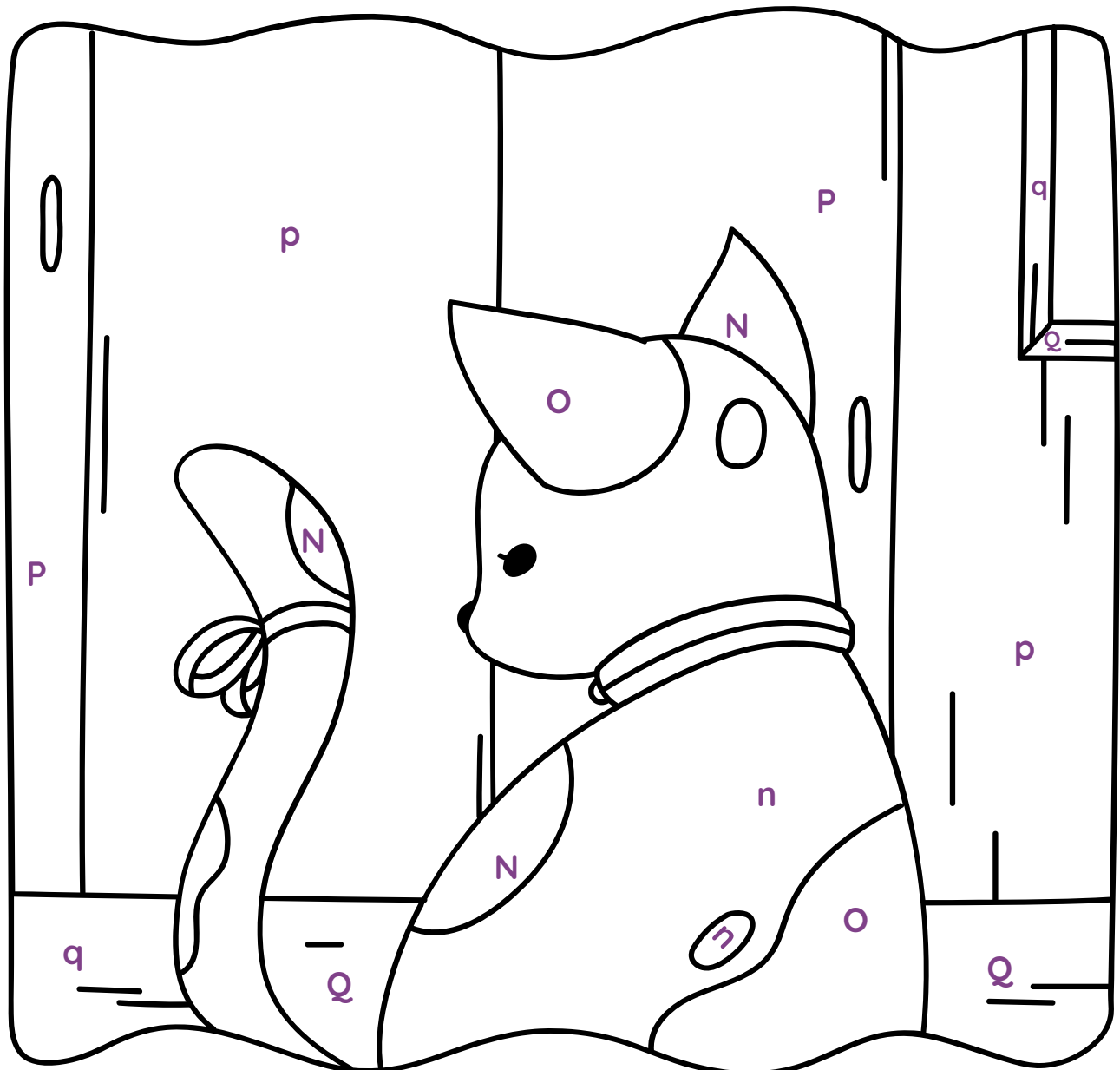
Color By Letter

YELLOW

ORANGE

BLACK

GREY



Name: _____

Date: _____

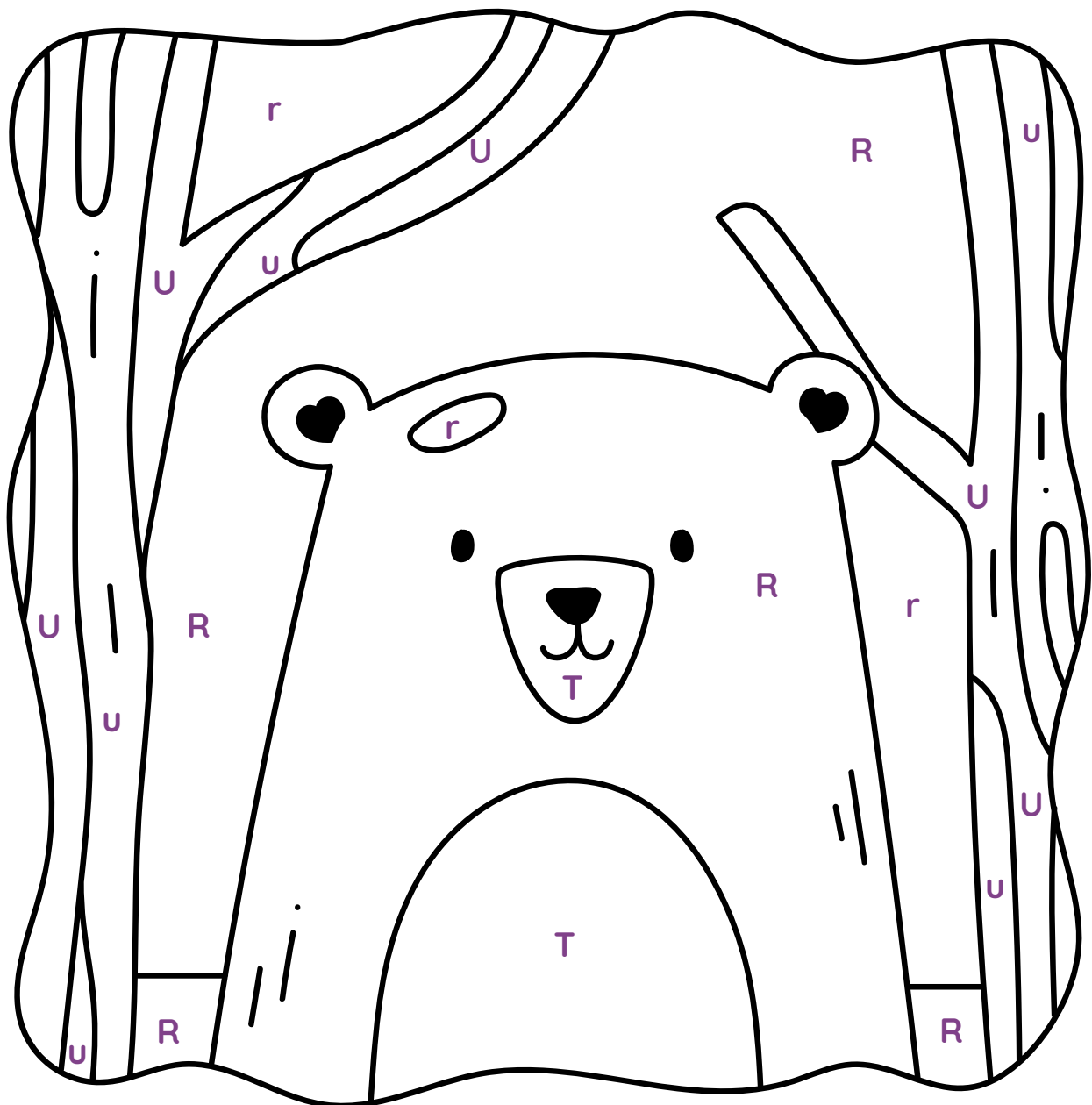
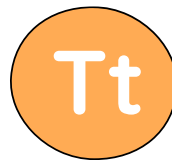
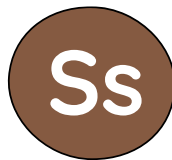
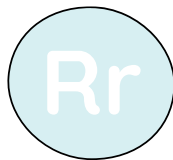
Color By Letter

LIGHT BLUE

BROWN

ORANGE

BLACK



Name: _____

Date: _____

Color By Letter

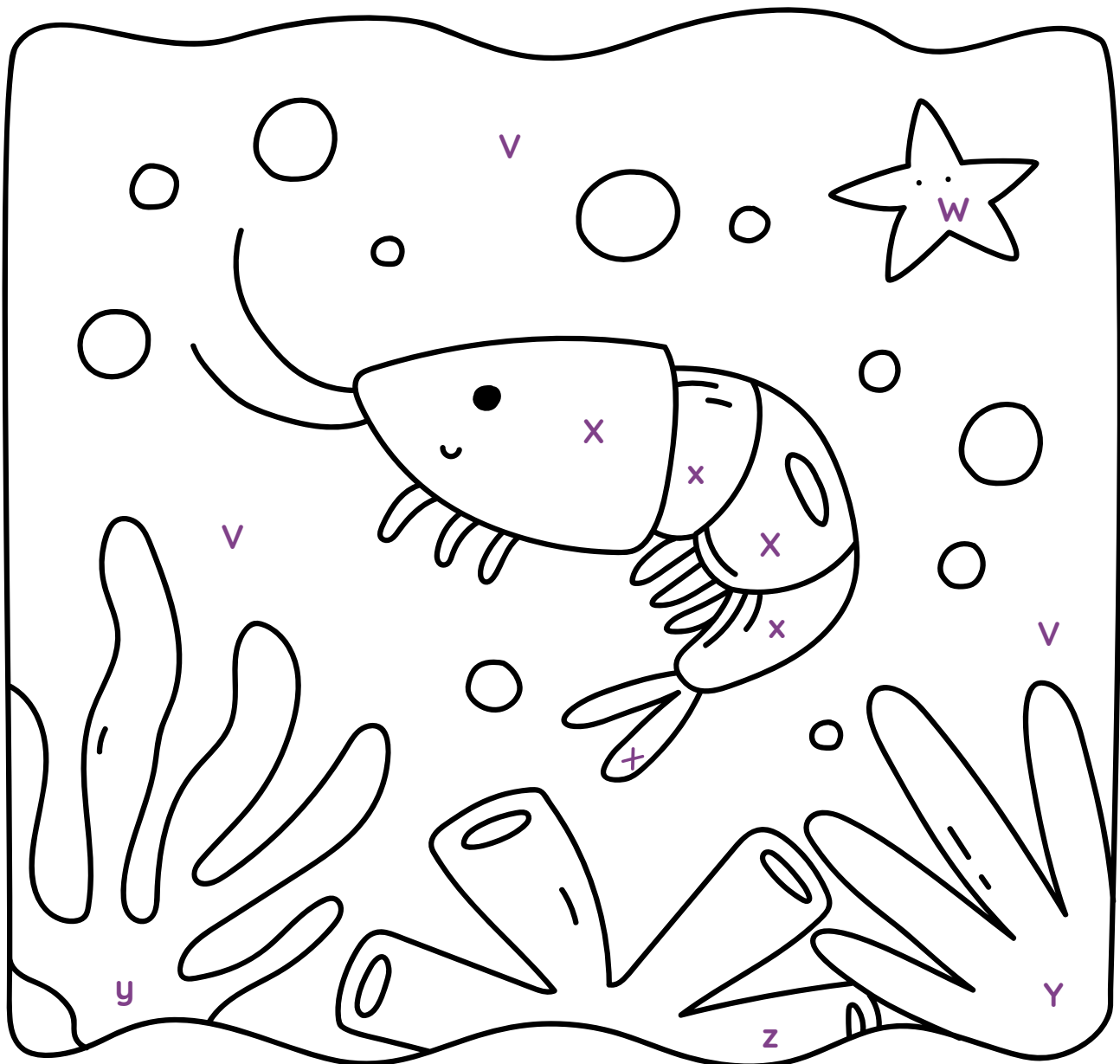
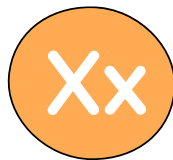
BLUE

PINK

YELLOW

GREEN

BROWN



Name: _____

Date: _____

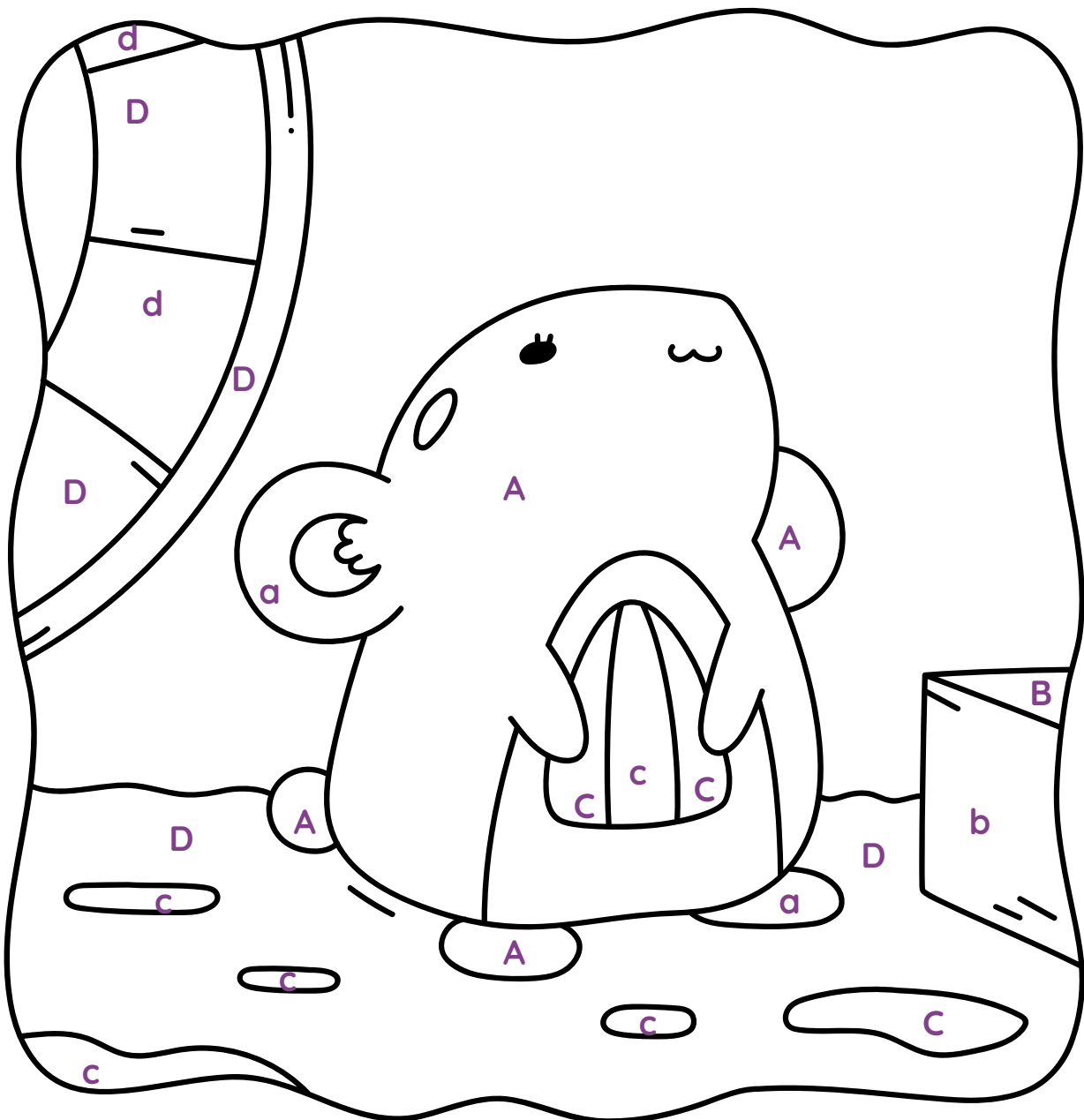
Color By Letter

GREY

GREEN

BROWN

BLUE



Name: _____

Date: _____

Color By Letter

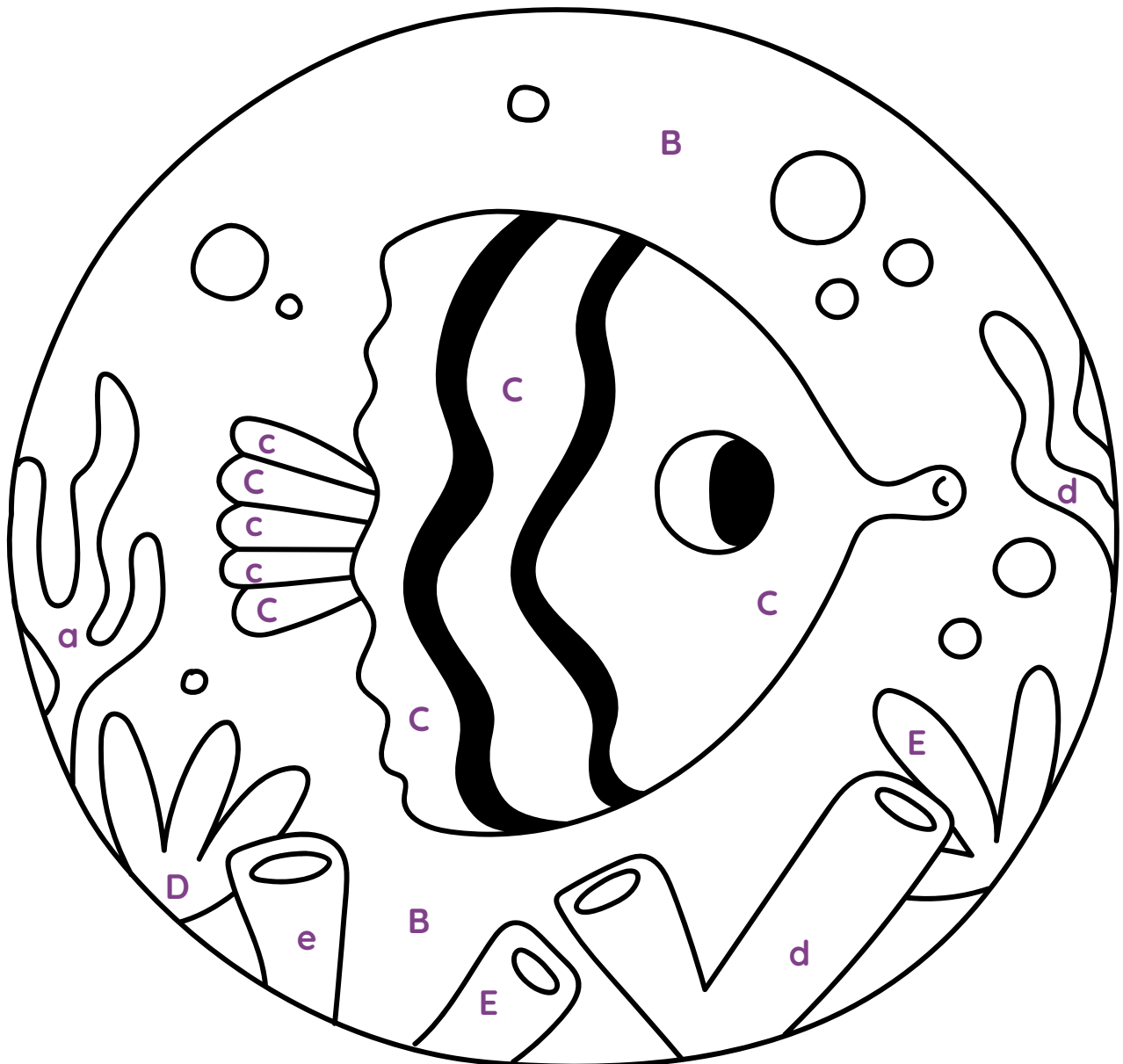
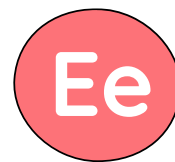
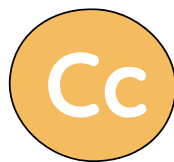
PURPLE

LIGHT BLUE

ORANGE

GREEN

PINK



Name: _____

Date: _____

Color By Letter

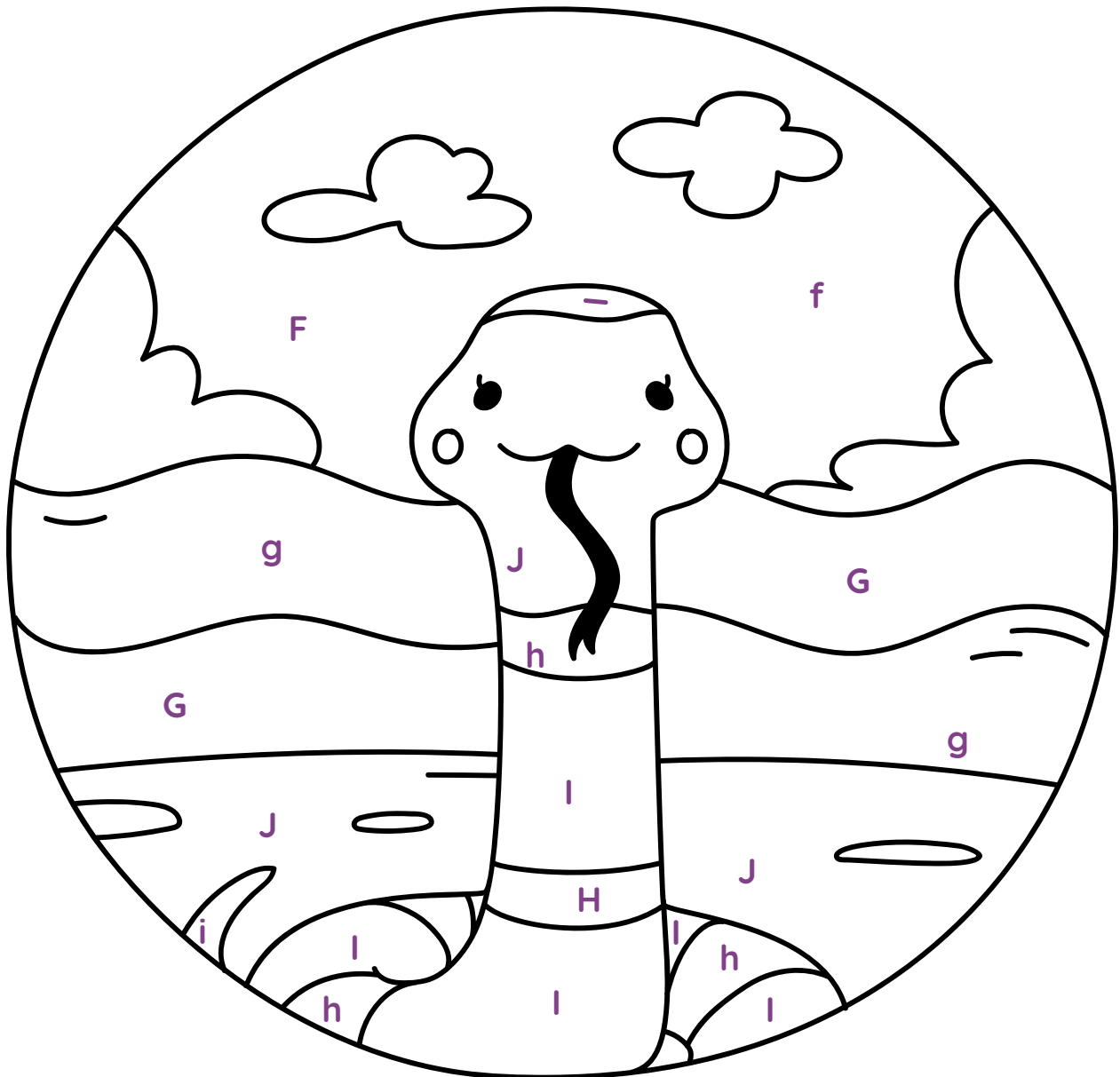
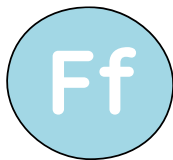
LIGHT BLUE

DARK BLUE

ORANGE

RED

GREEN



Name: _____

Date: _____

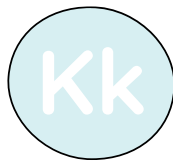
Color By Letter

LIGHT BLUE

BROWN

ORANGE

BLACK



Name: _____

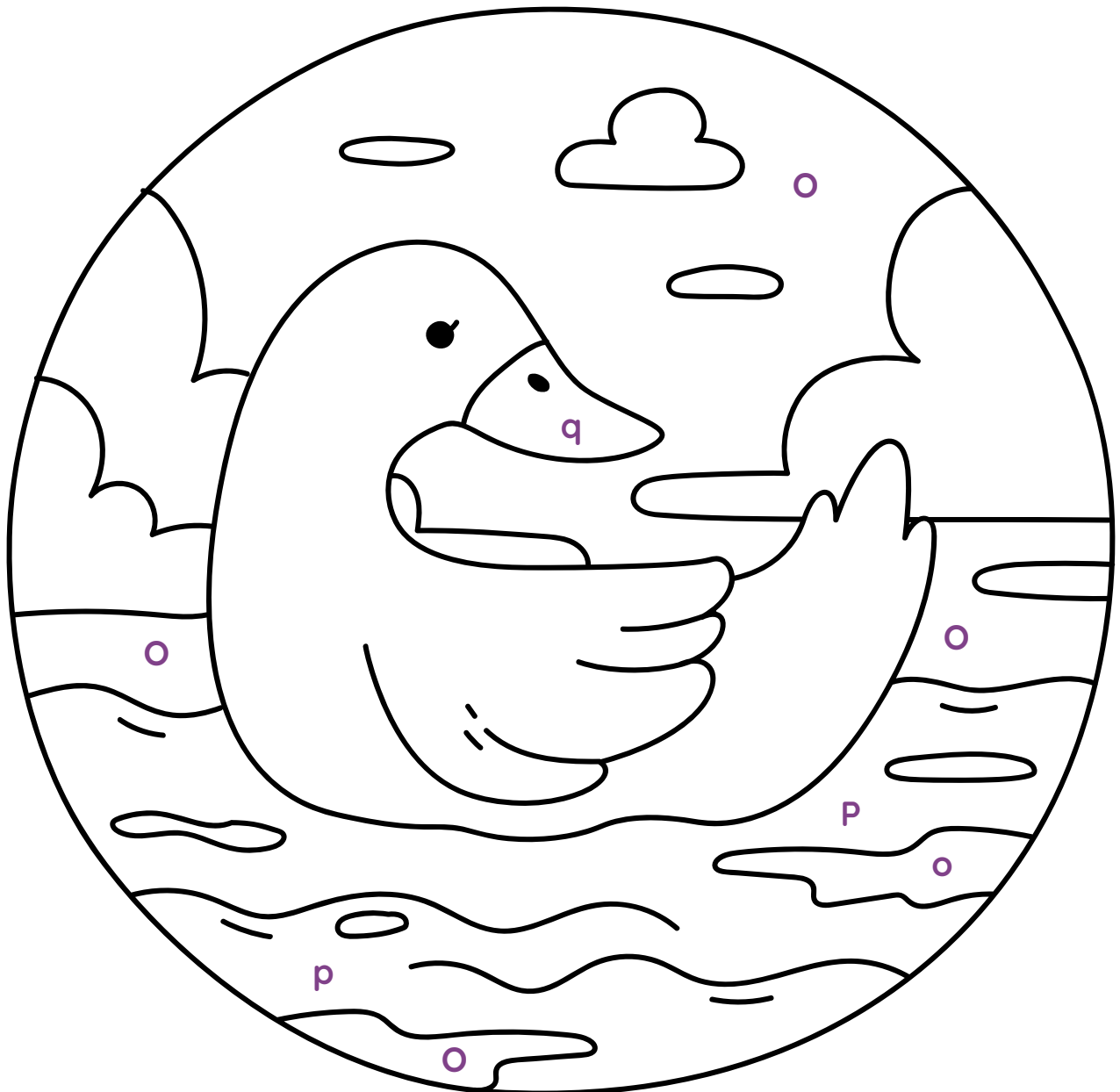
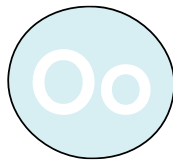
Date: _____

Color By Letter

LIGHT BLUE

DARK BLUE

ORANGE



Date:

Tt

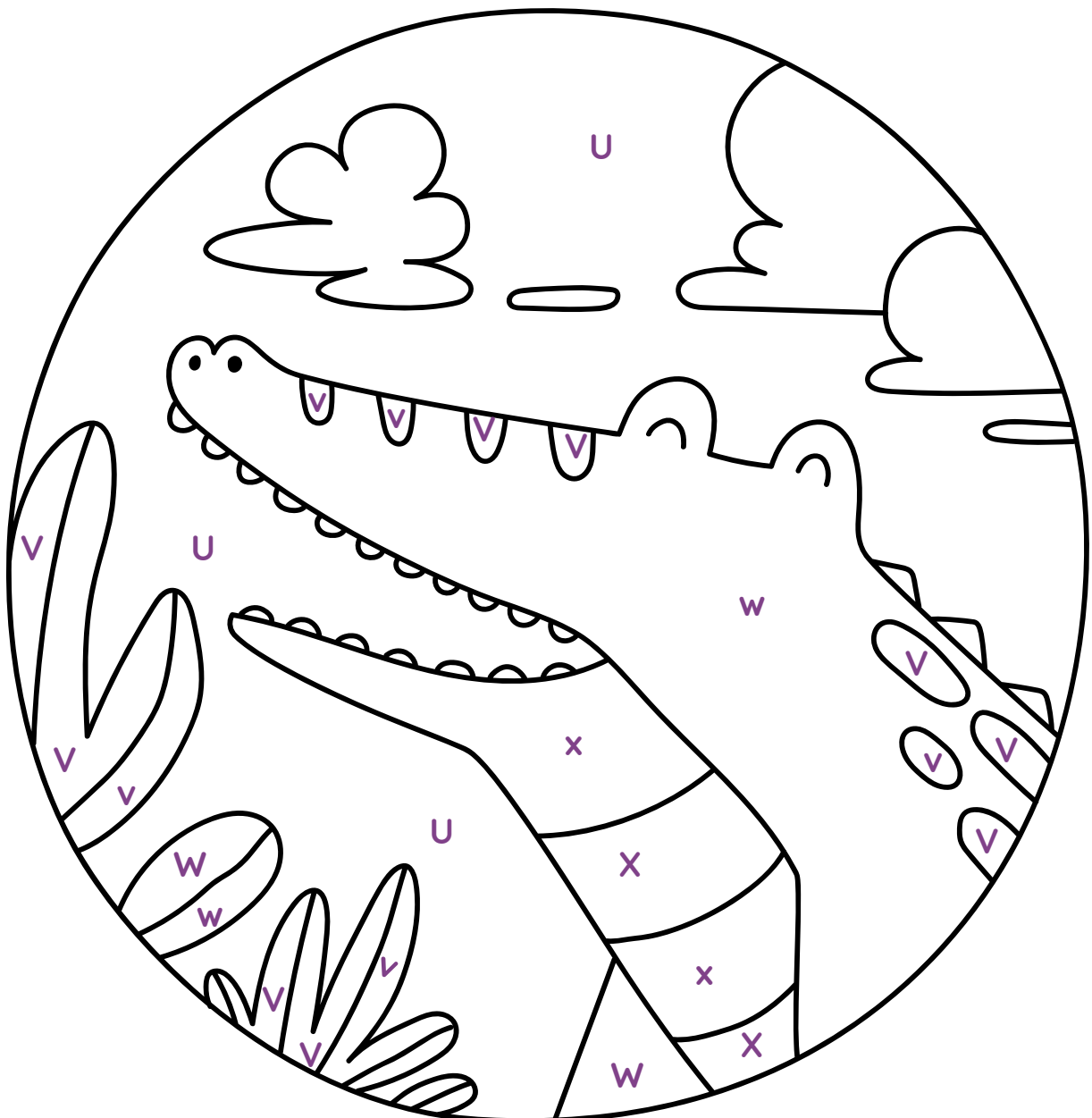
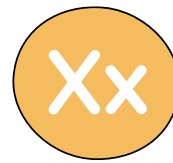


Name: _____

Date: _____

Color By Letter

LIGHT BLUE DARK GREEN LIGHT GREEN ORANGE



Name: _____

Date: _____

Color By Letter

PINK

LIGHT BLUE

GREEN

DARK BLUE

GREY

