Name: _____

Type the word.

# also

| tab | Q | W | E | R | T | Y | U | I | O | P | { [ | } ] | \| \ |
| caps lock | A | S | D | F | G | H | J | K | L | : ; | " ' | enter return |
| shift | Z | X | C | V | B | N | M | < , | > . | ? / | shift |
| fn | control | alt option | | | alt option | ◀ | ▲ ▼ | ▶ |