

Name - _____

Start time - ___ : ___

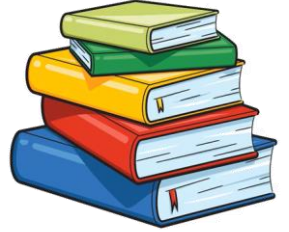
End time - ___ : ___

Write Yes or No for the following things you can touch:



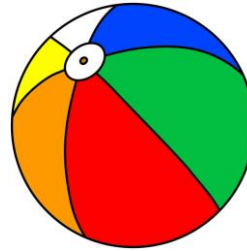


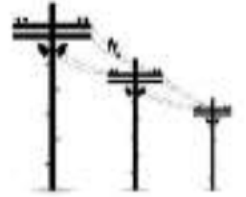




















a b c d e f g h i j k l m n o p q r s t u v w x y z