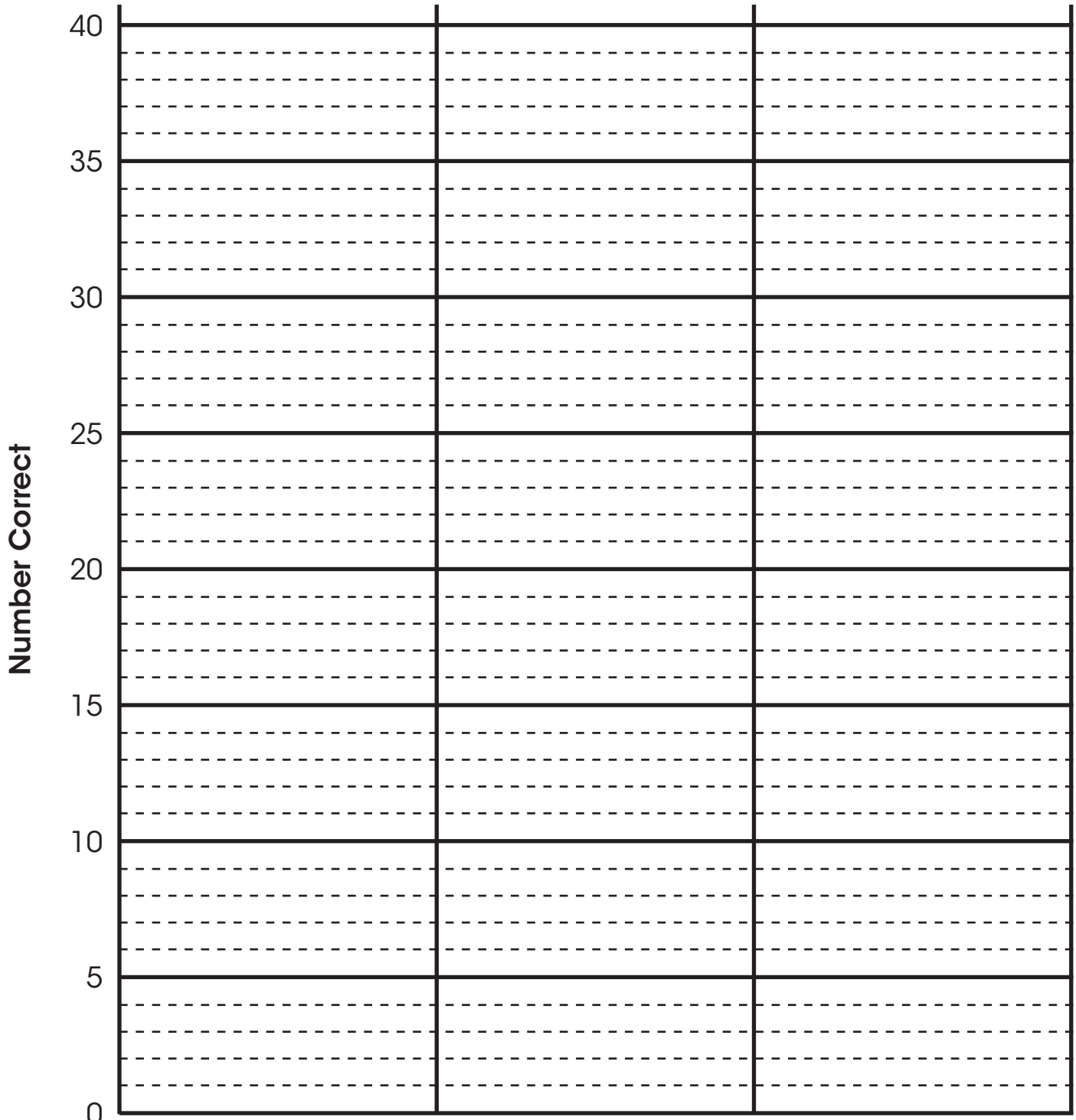


Name _____



Pretest
Form A

Form B

Posttest
Form C

date: _____

total: _____

Form