



Teacher: _____

Test Date: _____

Proctor: _____

Class: _____

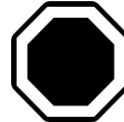
Circle ONE:
DAY 1 DAY 2

31 _____ Name _____

30 _____



32 _____



29 _____

Vertical name box

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Complete

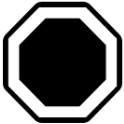
Complete

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27 _____ Name _____

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