Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hr: \_\_\_\_\_\_\_\_\_\_\_\_

Directions: At each station pick one item to evaluate. Once you have picked an item, fill in a square about that item.

|  |  |
| --- | --- |
| Item:  What does it look/feel/smell/taste like?  What is the significance or how does it relate to our unit? | Item:  What does it look/feel/smell/taste like?  What is the significance or how does it relate to our unit? |

|  |  |
| --- | --- |
| Item:  What does it look/feel/smell/taste like?  What is the significance or how does it relate to our unit? | Item:  What does it look/feel/smell/taste like?  What is the significance or how does it relate to our unit? |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hr: \_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
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