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.

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| 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? |

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| 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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