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| **Student** | **Visual** | **Auditory** | **Kinesthetic** | **Tactile**  **(K-2) only** | **Individ./Group**  **(K-2)**  **only** |
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Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_