

## Verzamelformulier Tactiel-motorisch functioneren

Naam kind: \_\_\_\_\_ Datum: \_\_\_\_\_

Vorig formulier: \_\_\_\_\_

A	TO A1	<input type="checkbox"/>	<input checked="" type="radio"/>	MP A1	<input type="checkbox"/>	<input checked="" type="radio"/>	TH A1	<input type="checkbox"/>	<input checked="" type="radio"/>	GNR A1	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO A2	<input type="checkbox"/>	<input checked="" type="radio"/>	MP A2	<input type="checkbox"/>	<input checked="" type="radio"/>	TH A2	<input type="checkbox"/>	<input checked="" type="radio"/>	GNR A2	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO A3	<input type="checkbox"/>	<input checked="" type="radio"/>	MP A3	<input type="checkbox"/>	<input checked="" type="radio"/>	TH A3	<input type="checkbox"/>	<input checked="" type="radio"/>	GNR A3	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO A4	<input type="checkbox"/>	<input checked="" type="radio"/>	MP A4	<input type="checkbox"/>	<input checked="" type="radio"/>	TH A4	<input type="checkbox"/>	<input checked="" type="radio"/>	GNR A4	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO A5	<input type="checkbox"/>	<input checked="" type="radio"/>							GNR A5	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO A6	<input type="checkbox"/>	<input checked="" type="radio"/>							GNR A6	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO A7	<input type="checkbox"/>	<input checked="" type="radio"/>							GNR A7	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO A8	<input type="checkbox"/>	<input checked="" type="radio"/>							GNR A8	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO A9	<input type="checkbox"/>	<input checked="" type="radio"/>									
	TO A10	<input type="checkbox"/>	<input checked="" type="radio"/>									
	TO A11	<input type="checkbox"/>	<input checked="" type="radio"/>									
B	TO B12	<input type="checkbox"/>	<input checked="" type="radio"/>	MP B5	<input type="checkbox"/>	<input checked="" type="radio"/>	TH B5	<input type="checkbox"/>	<input checked="" type="radio"/>	GNR B9	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO B13	<input type="checkbox"/>	<input checked="" type="radio"/>	MP B6	<input type="checkbox"/>	<input checked="" type="radio"/>	TH B6	<input type="checkbox"/>	<input checked="" type="radio"/>	GNR B10	<input type="checkbox"/>	<input checked="" type="radio"/>
	TO B14	<input type="checkbox"/>	<input checked="" type="radio"/>	MP B7	<input type="checkbox"/>	<input checked="" type="radio"/>	TH B7	<input type="checkbox"/>	<input checked="" type="radio"/>			
				MP B8	<input type="checkbox"/>	<input checked="" type="radio"/>						
C				MP B9	<input type="checkbox"/>	<input checked="" type="radio"/>						
				MP C10	<input type="checkbox"/>	<input checked="" type="radio"/>	TH C8	<input type="checkbox"/>	<input checked="" type="radio"/>	GNR C11	<input type="checkbox"/>	<input checked="" type="radio"/>
				MP C11	<input type="checkbox"/>	<input checked="" type="radio"/>	TH C9	<input type="checkbox"/>	<input checked="" type="radio"/>	GNR C12	<input type="checkbox"/>	<input checked="" type="radio"/>
						TH C10	<input type="checkbox"/>	<input checked="" type="radio"/>				
D			MP D12	<input type="checkbox"/>	<input checked="" type="radio"/>	TH D11	<input type="checkbox"/>	<input checked="" type="radio"/>				
E						TH E12	<input type="checkbox"/>	<input checked="" type="radio"/>				
						TH E13	<input type="checkbox"/>	<input checked="" type="radio"/>				
F						TH F14	<input type="checkbox"/>	<input checked="" type="radio"/>				