

Verzamelformulier Tactiel-perceptueel functioneren

Naam kind: _____ Datum: _____

Vorig formulier: _____

HK A1	<input type="checkbox"/>	<input checked="" type="radio"/>	DW A1	<input type="checkbox"/>	<input checked="" type="radio"/>	DC A1	<input type="checkbox"/>	<input checked="" type="radio"/>				FO A1	<input type="checkbox"/>	<input checked="" type="radio"/>				TT A1	<input type="checkbox"/>	<input checked="" type="radio"/>						
HK A2	<input type="checkbox"/>	<input checked="" type="radio"/>	DW A2	<input type="checkbox"/>	<input checked="" type="radio"/>	DC A2	<input type="checkbox"/>	<input checked="" type="radio"/>																		
HK A3	<input type="checkbox"/>	<input checked="" type="radio"/>	DW A3	<input type="checkbox"/>	<input checked="" type="radio"/>																					
			DW A4	<input type="checkbox"/>	<input checked="" type="radio"/>																					
			DW A5	<input type="checkbox"/>	<input checked="" type="radio"/>																					
HK B4	<input type="checkbox"/>	<input checked="" type="radio"/>	DW B6	<input type="checkbox"/>	<input checked="" type="radio"/>	DC B3	<input type="checkbox"/>	<input checked="" type="radio"/>	CR B1	<input type="checkbox"/>	<input checked="" type="radio"/>	DGR B1	<input type="checkbox"/>	<input checked="" type="radio"/>	TR B1	<input type="checkbox"/>	<input checked="" type="radio"/>	FO B2	<input type="checkbox"/>	<input checked="" type="radio"/>	TT B2	<input type="checkbox"/>	<input checked="" type="radio"/>			
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									CR B4	<input type="checkbox"/>	<input checked="" type="radio"/>															
									CR B5	<input type="checkbox"/>	<input checked="" type="radio"/>															
HK C6	<input type="checkbox"/>	<input checked="" type="radio"/>	DW C9	<input type="checkbox"/>	<input checked="" type="radio"/>	DC C4	<input type="checkbox"/>	<input checked="" type="radio"/>	CR C6	<input type="checkbox"/>	<input checked="" type="radio"/>	DGR C4	<input type="checkbox"/>	<input checked="" type="radio"/>	TR C4	<input type="checkbox"/>	<input checked="" type="radio"/>	FO C3	<input type="checkbox"/>	<input checked="" type="radio"/>	DTD C1	<input type="checkbox"/>	<input checked="" type="radio"/>	TT C3	<input type="checkbox"/>	<input checked="" type="radio"/>
HK C7	<input type="checkbox"/>	<input checked="" type="radio"/>	DW C10	<input type="checkbox"/>	<input checked="" type="radio"/>	DC C5	<input type="checkbox"/>	<input checked="" type="radio"/>	CR C7	<input type="checkbox"/>	<input checked="" type="radio"/>	DGR C5	<input type="checkbox"/>	<input checked="" type="radio"/>	TR C5	<input type="checkbox"/>	<input checked="" type="radio"/>	FO C4	<input type="checkbox"/>	<input checked="" type="radio"/>				TT C4	<input type="checkbox"/>	<input checked="" type="radio"/>
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HK D9	<input type="checkbox"/>	<input checked="" type="radio"/>	DW D14	<input type="checkbox"/>	<input checked="" type="radio"/>	DC D16	<input type="checkbox"/>	<input checked="" type="radio"/>	CR D10	<input type="checkbox"/>	<input checked="" type="radio"/>	DGR D8	<input type="checkbox"/>	<input checked="" type="radio"/>	TR D13	<input type="checkbox"/>	<input checked="" type="radio"/>	FO D5	<input type="checkbox"/>	<input checked="" type="radio"/>	DTD D2	<input type="checkbox"/>	<input checked="" type="radio"/>	TT D6	<input type="checkbox"/>	<input checked="" type="radio"/>
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