

NAME _____ DATE _____ EXAMINER _____ TEST # _____

LIST A TIME, I-VI _____ HALF-HOUR RECALL TIME _____

<u>LIST A</u>	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>
Drum	1	_____	_____	_____	_____
Curtain	2	_____	_____	_____	_____
Bell	3	_____	_____	_____	_____
Coffee	4	_____	_____	_____	_____
School	5	_____	_____	_____	_____
Parent	6	_____	_____	_____	_____
Moon	7	_____	_____	_____	_____
Garden	8	_____	_____	_____	_____
Hat	9	_____	_____	_____	_____
Farmer	10	_____	_____	_____	_____
Nose	11	_____	_____	_____	_____
	12	_____	_____	_____	_____
Color	13	_____	_____	_____	_____
House	14	_____	_____	_____	_____
River	15	_____	_____	_____	_____
TOTALS		_____	_____	_____	_____

ADD ON'S

<u>LIST B</u>	<u>B-RECALL</u>	<u>VI</u>	<u>HALF-HOUR</u>
Desk	1	_____	_____
Ranger	2	_____	_____
Bird	3	_____	_____
Shoe	4	_____	_____
Stove	5	_____	_____
Mountain	6	_____	_____
Glasses	7	_____	_____
Towel	8	_____	_____
Cloud	9	_____	_____
Boat	10	_____	_____
Lamb	11	_____	_____
Gun	12	_____	_____
Pencil	13	_____	_____
Church	14	_____	_____
Fish	15	_____	_____
TOTALS		_____	_____

ADD ON'S