

# Appendix G

## CUED-RETELL SHEET

Name \_\_\_\_\_

Date \_\_\_\_\_

Partner's Name \_\_\_\_\_

Put a check under the "Independent" column as your partner recalls items below. If your partner does not remember an item, offer cues to assist with recalling the information and put a check under the "Cues" column.

CONCEPTS/TERMS	INDEPENDENT	CUES
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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