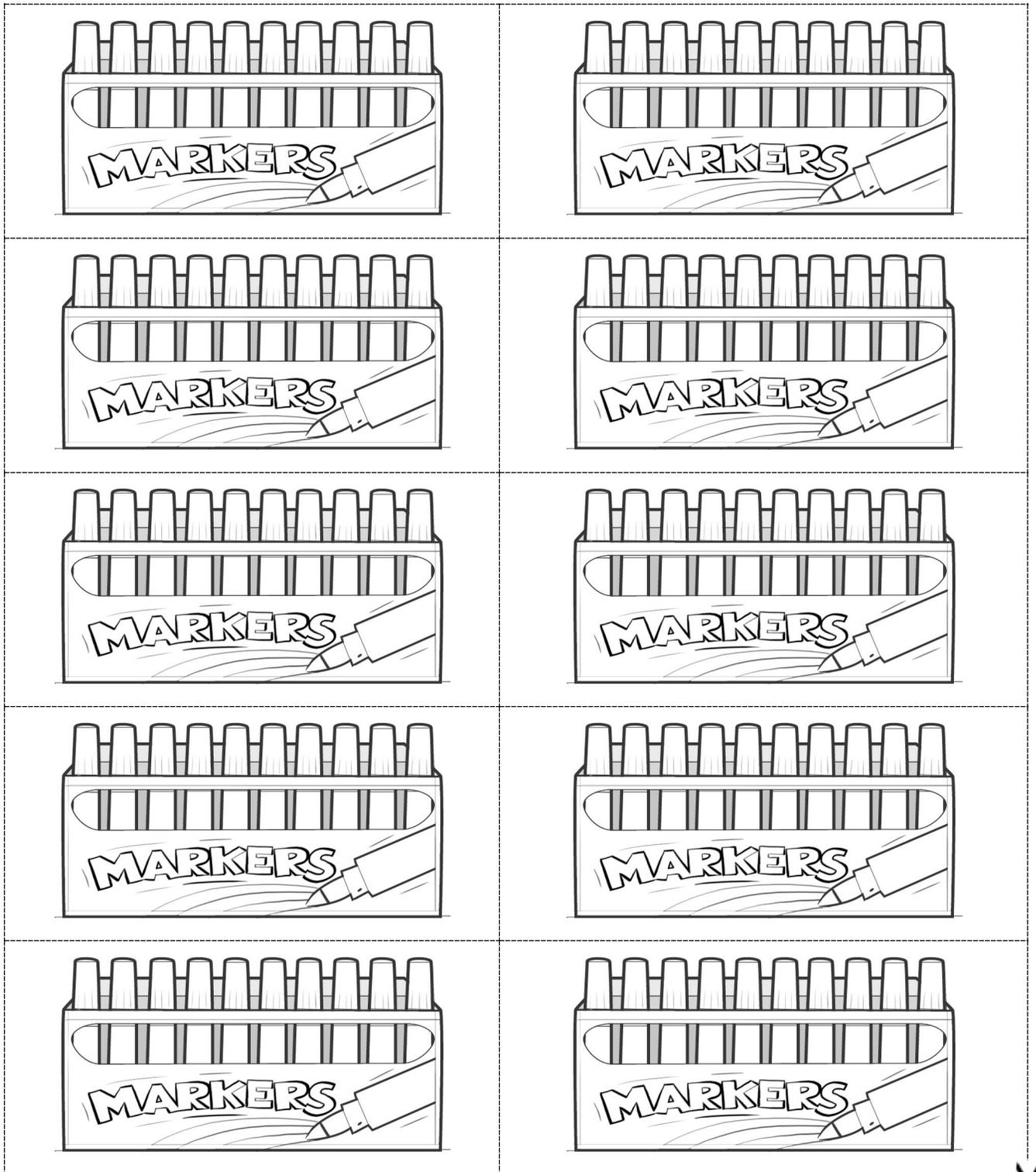


Name _____

Date _____

Intervention: Master 32a

On and Off the Shelf Cards



Intervention: Master 32b

On and Off the Shelf Cards

