

Target ID: \_\_\_\_\_

Name: \_\_\_\_\_

FL(1-4): \_\_\_\_\_

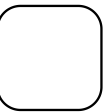
Date: \_\_\_\_\_

Time: \_\_\_\_\_

| Target ID: _____ | Imprint/Icon |
|------------------|--------------|
|                  |              |

## MAPPING

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# Sensory impressions (Tangibles):

Target ID: \_\_\_\_\_

Sounds

: \_\_\_\_\_  
\_\_\_\_\_

Temperature:

\_\_\_\_\_

Lighting

\_\_\_\_\_

Smells:

\_\_\_\_\_

Tastes:

\_\_\_\_\_

Textures:

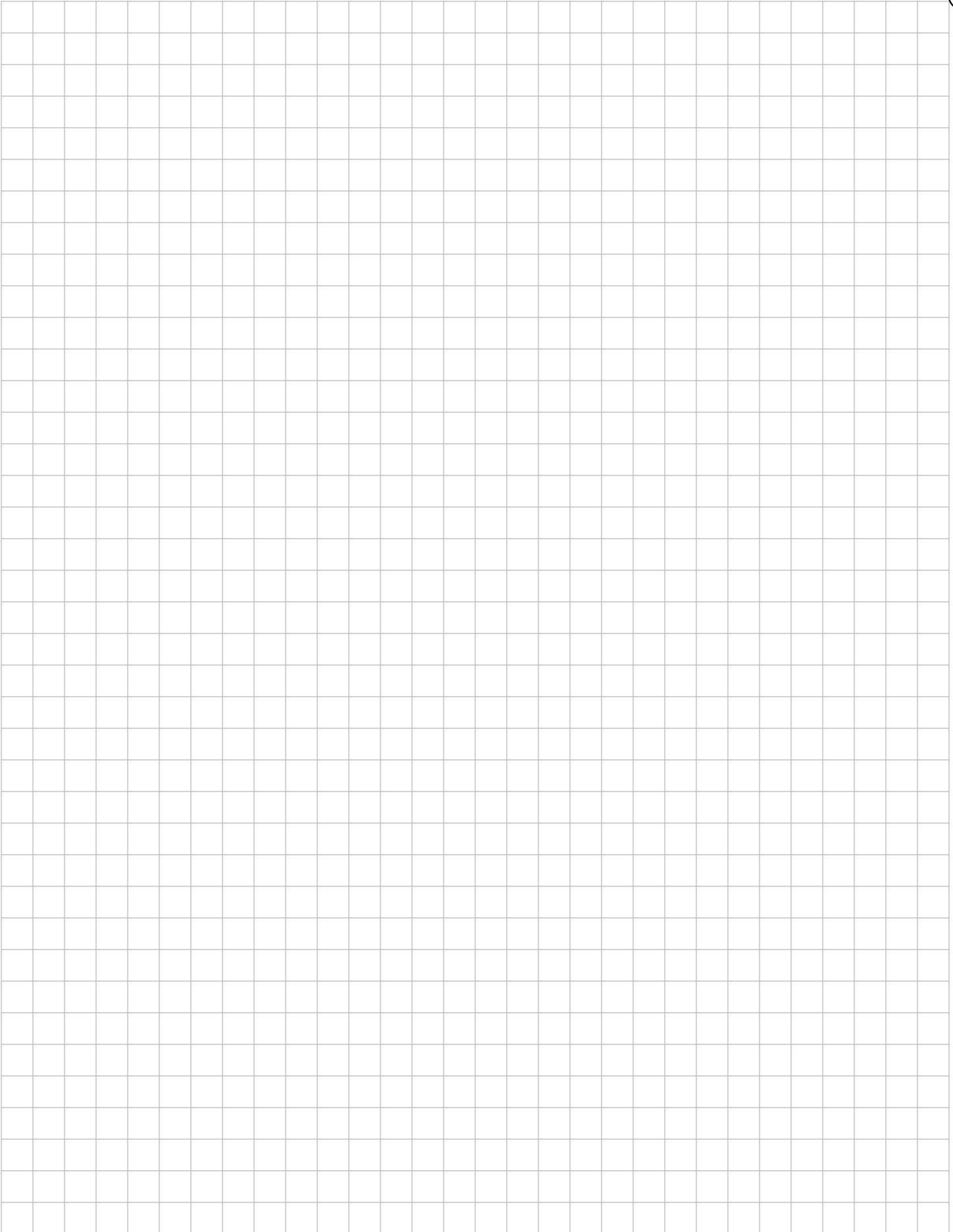
\_\_\_\_\_

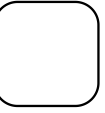
## Intangibles:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target ID: \_\_\_\_\_

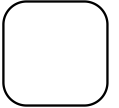
Initials





# SKETCHING

Target ID: \_\_\_\_\_



Target ID: \_\_\_\_\_

Summary:

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