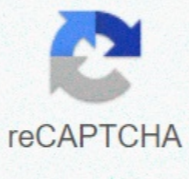




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Test of playfulness manual

The game is considered the main occupation for children. Pediatric work therapists use the game both for evaluation or intervention purposes. However, the game is not correctly measured by professional therapists, and the use of the game tool is limited. This systematic review aimed at identifying the relevant game tools for the practice of professional therapy and its clinimetric properties. A systematic search has been conducted on six databases (Academic Search, Chinahl, Medline, Psychology and Behavioral Science Collection, Scopus and Asean Citation Index) in January 2020. The quality of studies included was evaluated using Law and MacDermid's S Appraisal for Clinical Measurement Research Reports, and the psychometric properties of the game tools were evaluated using the TERWEE control list while the clinical utility is extracted from each instrument. The initial search identifies 1,098 articles, and only 30 articles were included in the final analysis, extracting 8 game tools. These tools have been predominantly practiced in Western culture, which consists of various psychometric tests. The preschool reproach scale Revised Knox is considered the largest and most complete play tool for the Extrinseco aspect, while the test of playfulness + test of environmental Supportiveness Unifying measure is a promising game tool for the intrinsic appearance on the game, where both tools use observation. My Child's play is a potential questionnaire-based game tool. However, the current development of game tools in the field of professional therapy is immature and constantly evolving, and professional therapists should exert good clinical reasoning when selecting a game tool to use in practice. 1. Introduction Occupational therapy for children is located as one of the largest areas of practical globally [1]. For children, the game is the most important occupation that dominates their use of time. The game can be one of the therapeutic objectives and can be used as a means of intervention, which helps improve the functional performance of an individual [1â€³4]. The game was found useful for biological, physical, mental and social development [5]. In general, the game is a learning process that provides children the necessary physical, psychological, cognitive and social capabilities to facilitate normal development for typical children [6]. Therefore, select the right game activities as a means or as an end is important to bring the optimal result of children. The use of the standardized game evaluation can facilitate professionals in identifying appropriate playing activities to be established both as a goal and as a means of intervention. However, the use of the standardized professional therapy gaming instrument, also as a result of research is limited both on professional therapy intervention [7] and on game-based intervention [2, 3]. An overview of the reviews has not found a study that systematically identifies and investigates standardized professional therapy tools [8]. Several revision studies were found during the search for literature, but were not in a systematic format. Stagnitti [6] has listed three tools: Knox Preschool Play Scale (and all its variation), Test of Playfulness and Play History; However, the study has not been systematically searched to identify any other game-based tool. Sturges [9] suggested different game tools; However, only Play History and Preschool Play Scale were identified as tools based on professional therapy. Two reviews [10, 11] investigated functional evaluations for children, and both identified that only the McDonald inventory was used as a tool for the game. The limitation of the two reviews was the search was limited to a newspaper platform. The absence of a comprehensive review study as a guideline will prevent professional therapy professionals from using an appropriate gaming tool efficiently and planning appropriate intervention. Psychology, vocal therapy, vocals, and special education are other disciplines that have interest in playing different from occupational therapy. Several tools have been developed by other professions, and several reviews have investigated the psychometric properties of these tools [12-14]. However, each discipline looked at every aspect differently. Occupational therapy evaluates the game itself, while other occupations used play activities as a means to evaluate a particular component [15]. For example, psychologists observe the game to specifically assess cognitive function and determine cognitive or social capacity [13, 14], and physiotherapists observe the game to assess the physical ability of children [12]. In addition, the only systematic review focused on tools [12] investigated the game-based assessment and not the game evaluation. The game-based assessment uses the game activity, but evaluates non-game aspects, such as motor or cognitive functions, while the game assessment evaluates the game for the good of the game. A study found that occupational therapists used various types of evaluations to evaluate the game, but some are not prescribed for the game [16]. For example, most of the work therapists used the scale of Vineland's adaptive behavior and the development inventory of Battelles evaluating the adaptive behavior and general, cognitive and social physical development in an intention to evaluate the game. This may result in a wrong judgment on intervention planning; there is evidence where the game is used to arouse improvement in other areas, such as motor skills and cognitive function [16, 17]. Therefore, the difference on the philosophical basis of the tools can hinder the therapists of work to effectively conduct the evaluation and interpret the results effectively for the purposes of the game. Kuhnec and colleagues [16] have indicated a decreased trend in the use of the game tool among professional therapists. Several reasons have been mentioned, such as lack of knowledge about available gaming tools and the lack of continuing training on existing gaming tools. Lynch et al. [18] in their investigation found a similar result in which the work therapists considered to play important but indicated the lack of education either from research, theory, evaluation, or from the intervention that contributed to challenges in the application of the practice centered on the game. Meanwhile, Wadley and Stagnitti [19] found that therapists and professional teachers appreciate the importance of the game for children; However, the understanding of parents and family members on the therapeutic value of the game is limited and does not consider the main objective for the functional result of children. Using standardized assessment is part of the practice based on the [20] tests, improves confidence and strengthens communication and delivery of messages [21] on the importance of the game. Therefore, you should conduct a systematic review to collect game evaluations relevant to use in practice of professional therapy to inform practitioners about available tools, improve practice based on trials, and select the best tool for efficient communication with customers.2. Materials and methods.2.1. This systematic review was recorded on INPLASY (registration number: 202040156) and PROSPERO (CRD4202170370). The aim of this review is to identify and collect clinimetric evidence of game tools developed by professional therapists. Clinimetric refers to the test of psychometric properties (i.e., validity and reliability) and the clinical utility of a tool [22]. 2.2. Identification of the study A systematic research was conducted on sixelectronic, i.e., academic search complete, cinahl, medline, psychology and behavioral science collection, scopus, and asean citation index. the keywords were generated by the discussion between the authors and the revision of the previous literature. the following keywords have been used: ("play" or "play-based" or "playthings") and ("evaluation" or "measure" or "battle" or "battle"â€œestasiâ€œelnrumentâ€œTMâ€œ) and (â€œevalidity" or â€œoregelibilita" or â€œesensibility" or "precision" or "specision" or "oresponsibility" or "psychometric") with a slight variation. Boolean operators, brackets, truncation and wildcard characters were used when appropriate. For the axan citation index, only the word â€œPlayA» was brought as the limited function of the search engine that does not allow the implementation of the search string, since the search number was overwhelming, the restriction was set by the keywords existing only in the title for keywords related to reproduction. research was conducted on 21 January 2020. simplified research was conducted by checking the reference list of the study included. Moreover, the identified tools were sought for its original article, an innovative method that uses the option â€œcited by" in google scholar was performed on all original articles and including articles to allocate other potential articles [23.] relevant quotes were then selected and the screening process was conducted for admissibility.2.3. eligibility criteria have recovered the study has been assessed for its suitability according to the following criteria of inclusion and exclusion. The criteria of inclusion were (i) study of the tool for the type of leisure of the game (non-competitive or sports,) (ii) instrument generally evaluating the game, (iii) study by investigating the psychometric property of the instrument, (iv) the instrument used exclusively on the game (not part of a multidimensional tool,) and (v) the relevant tool for the or of occupational therapy, the last criteria were determined by examining the tools found either developed or involved of the professional therapist by reviewing the authors of the original study of the instrument. the exclusion criteria were (i) not a primary study (i.e. note, revision and editor note), (ii) no complete text available, (iii) the full text is not available in English, (iv) grey literature (e.g., thesis, book, and conference), and (v) non-Eastern revision article of article.2.4. study selection iduplicati were initially removed before the screening process. the first author has projected the title for admissibility according to the predetermined criteria, followed by an independent screening of the abstract and complete text from both authors. the preconensus agreement was calculated by comparing the final articles accepted between the two authors. any disagreements have been resolved through the discussion between the two authors until consent has been reached.2.5. data extraction and analysis articles included in the final analysis have been analyzed narratively. each article has been extracted for study objects, study design, tool studied, number and characteristics of evaluations, number and characteristics of participants, study country and results on psychometric property. The extracted gaming tools have therefore been identified on its clinical utility focused on application and administrative aspects.2.6. A quality assessment of the study tools was conducted according to eight categories, namely, (i) validity of content, (iii) internal consistency, (iii) validity of the criterion, (iv) validity of the construct, (v) reproducibility (agreement and reliability), (vi) reactivity, (vii) floor ceiling effect, and (viii) interpretability. Each instrument was then evaluated according to the quality criteria and evaluated according to four categories: positive (ie +), which means having a desired result with a robust methodology; Intermediate (ie,?). Which means having a desired result with a less robust methodology; Poor (ie, -), means having an undesired result or have a poor methodology; And no information available (ie, n / a). When two or more studies have investigated the same property, the highest quality score for that product has been registered.3. A total of 1,008 articles have been recovered; 1,043 have been obtained from the electronic database research, and another 55 have subsequently been identified by the list of studies reference included and from the list of the relevant literature found using the â€œCiteSpace from Google Scholar option . Ultimately, as shown in Figure 1, 63 [38â€³100] Articles were excluded during full text screening and 30 [101â€³130] Individual studies were selected after the screening process of the two authors (Preconensus agreement on the integral text accepted: 79.4%). The description of each individual study included and its psychometric report is presented in the table 1.Quality of individual studies has been measured using the Law and MacDermid's S Quality Appraisal Tool, and the result is presented in Table 2. Overall, studies have the median quality of the score of 65.5% (range, 45â€³86%). Studies on the Assessment Criteria Tool (Score: 2 = Good, 1 = Moderate, 0 = Poor, N / A = Not applicable) Total score (%) EEM 2EEM 3EEM 4EEM 5EEM 6EEM 7EEM 8EEM 9EEM 10EEM 11EEM 12DENDER & STAGNITTI [108] IPPS22211N / A220282GOLCHHN et al. [109] Chippa221221122121212121Sgnitti et al. [107] I-Chippa122108N / A11120259 Pfeifer et al. [120] Chippa21110N / A22110259McAloney & Stagnitti [117] Chippa1200N / A22211159 [123] Knox PPS221212N / A21120273Jankovich et al. [112] Knox PPS22210N / A2210273LEE & Hinajosa [116] Knox PPS22210N / A11120264 Bledsoe & Shepherd [102] Knox PPS221011219163Harrison & Keilhofer [111] Knox Pacutiro et al. [119]Knox PPS2110N/A110145 McDonald & Vigen [118]McDonald Play& Rosenblum [120] Game My Child's Play [104] Top + TOES22221N / A22111282Hamm [110] Top + TOES22220N / A22111277 Bundy et al. [105] TopP22221N / A22110277 Brentnall et al. [103] TopP2210212221275 Rigby & Gaik [121] TopP22200N / A22110159 Okimoto et al. [130] TopP22100N / A11210150â€³ Subject: through investigation of the psychometric properties and the research question; point 2: inclusion / exclusion criteria; point 3: Psychometric specific hypothesis; Step 4: appropriate scale of the psychometric properties; Step 5: the appropriate sample size; Step 6: Appropriate retention / follow-up; point 7: specific descriptions of the measures (administration, scoring, interpretation procedures); step 8: standardization of methods; Point 9: data presented for each hypothesis or purpose; â€³ Chippa: Evaluation of the pre-started by children playing; I-Chippa: Chippa indigenous; IPPS: indigenous game Scala Partner; Knox PPS: Game Scale pre Knox revised; PAGES: Evaluation of the game for the regulation of the group; Top: Test of Playfulness; TOES: Environmental Test Support; T-TUM: Top-TOES unification measure. Eight original instruments of occupational therapy game were extracted from 30 items included. The tools included are (i) Evaluation of pre-initiated child's play (Chippa, including Scala of indigenous playing partner), (iii) game Scala pre Knox (Knox PPS), (iii) the McDonald game Inventory (MDPI), (iv) lyrics My baby play (MCP), (v) the game rating for the positioning of the group (PAGS), (vium play Play One of occupational therapy Skills Inventory [38] â€³ instrument is It was found but it was not included because there's an article in the newspaper that has investigated its psychometric properties. Some of the tools have been published only once (ie, McDonald's Play Inventory, My child's Play, Playform, History Interview Play, and Play Assessment for Group Settings), while some have been reported in several articles on several occasions (for example, PPS Knox, Top + TOES, and I-Chippa). It was also conduct further analysis on full text articles excluded to identify the tools game available and listed in the box 1. However, these instruments are presented for information purposes and should not be included in the analysis because they are playing instruments not professional.â€³ â€³ Control della learning linguâ€³ e Control della learning linguâ€³ e Control della language learning The Pretend Play test (aka Warwick Symbolic Play Test) â€³ Transdisciplinary Play-Based Assessment-Child Development found ResourceInstrument usually investigated for concurrent validity and construct validity and reliability interracial and test-retest. Some tools like Knox PPS have been investigated on the same psychometric (For example, interrater reliability and concurrent validity) over time. The homogeneity of the study location was identified where most of the tools have been designed to the country of origin. Most of the countries of origin are the dominant Caucasian countries that are heavily influenced by Western culture. The summary of the psychometric testing of each instrument is removed from the individual studies is presented in Table 3.Instrument toolTerwee checklist [25] (score: + = positive; = intermediate; â€³ = poor; 0 = no information available) Content validityInternal consistencyCriterion validityConstruct validityReproducibilityResponsivenessFloor or ceiling effectInterpretabilityAgreementReliabilityChIPPA + a + b + c? B0 ??,? b?,? to,? h000Knoxâ€³ e s PPS ?? d0 ?? + ? d000McDonald Play Inventory? 0A or? 000My child's Play 00000PAGS ++ + 0 + 00 + 0 + 000Play History Interview? 00 ??? 000Playform 00000000Top + + TIPS, T-TUM + e, f, +, f + g +, + g0 + e + f, g + e, f, and f00, + gaBrazilian-Portuguese Chippa ?????, Ibranian Chippa; cIndigenous Playing partner Scale (I-PPS); dKnoxâ€³ e s Play Scala; eTest of Playfulness (TOP); fTest a supportive environment (TOES); gtop-Toes Unifying measurement (T-TUM) .Several tools are observation-based (for example, Chippa, Top, Knoxâ€³ e s PPS, and play evaluation for Group settings) and evaluated by observing the children in play activities both in real situations or recorded video, while some are perception-based rating of a questionnaire (for example, McDonald's Play inventory, â€³ my child's Play and Playform), and another is the tool soggettivo- based application that retrieves information from a qualitative interview (ie, Play History interview). Most of the tools focused on extrinsic factors, such as development, behavior and attitude and skills and performance, except for the top which sees the intrinsic factors (eg, motivation) of play.In terms availability, most of the tools are not commercially available. Only Chippa, Knox PPS, and top trade are realized. However, Chippa is the most expensive, while the other two are in an affordable range. For other instruments, please contact the author to get the original instrument may be required. The utility description of each tool is presented in Table 4. DiscussionThis review found different playing instruments in which only a small number have been developed by an occupational therapist. Some of the tools were also mentioned and described in previous reviews [6, 9A 11], and some of them have recently been identified. Clemson and colleagues [131] suggested that an instrument should at least be evidence of the validity of the content and interrater reliability. Conversely, Prinsen et al. [132] specified that the instrument should at least establish a psychometric test on the validity of content, followed by the internal structure of the instrument (ie structural validity, internal consistency and validity intercultural). The tools are located in this review have had at least basic psychometric properties. However, compared to other tools based on features for children [8], the gaming tools found to have a limited number of investigated psychometric properties. The psychometric survey instrument has been mostly around interrater reliability and validity of the content. Therefore, the investigation of the other psychometric properties is guaranteed. In addition, the methodological quality of the studies is moderate. Aspects such as the characteristics of the type of sample population, the number, the size of the client participants and attendees counselor, and generalization can be further playing occupational therapy tools improved.Several are recommended based on the occasion. The preschool Knox game is Scale Revised the gold standard for the evaluation of the game occupational therapy and suitable to be used to evaluate the extrinsic aspect of the game. The Knox preschool game Scale Revised is an all-rounder covering a large number of domains. In addition, it is the common tool game most used by therapists and considered easy to administer [16]. Moreover, the instrument is accepted through discipline as a psychologist and therapist of speech, thus becoming a good tool of communication between disciplines. The Test of Playfulness and its extension, the Test of Environmental Supportiveness, are a unique tool that can be used throughout the broader age range and evaluate the inner element of the game, such as motivation; However, the latest innovation of the tools, known as Top-TOES Unifying Measure (T-TUM), is a promising game tool. The review Knox Preschool Play Scale and Playfulness Test used observation. The observation provides useful and valuable qualitative results for professionals to complete their evaluation result on the quantitative result [17]. However, the use of observatory tools can be less favorable for busy practitioners and setting with various constraints [6]. Therefore, a questionnaire-based tool is required, and My Child Play tool can be potentially used for this purpose. The selection of such instruments on others considers balance on clinimetric properties. Only psychometric tests do not guarantee an application of tools in practice; the clinical utility of the instruments also plays a crucial role [28, 133]. However, play tools in occupational therapy remain immature and evolution; Therefore, different potentials and opportunities are available to explore a new tool development or improve the tools currently available. The game is an activity that can be influenced by the geosociocultural environment surrounding a person [6, 17]. Cultural value can impose a meaning on an activity, including the game. For example, a study by Dender and Stagnitti [107] found that indigenous children appreciate animal toys that resemble their culture compared to commercialized domestic toys. In addition, children struggle to pretend to play using the materials "to run" data because the material is foreign to their culture. In addition, indigenous children also have difficulty playing on their own, as most of them play in pairs or groups in indigenous culture. Most of the tools were developed in a country developed and influenced by the West, such as Australia and the United States. Thus, using a tool developed in a culture to another distinct cultural group can unjustly disadvantage the latter [134]. The accuracy of a tool can be reduced; However, the improper correctness of the instrument to satisfy another cultural requirement may affect the validity of the instrument in which it cannot inform any group evaluated. The intercultural survey on the functional tools for children is underlined and justified [135]. The limited survey on intercultural validity has limited the widespread applicability of gaming tools at international level. Therefore, the usability of the game tools can be widely investigated between cross-countries countries. Authorization actions may exist from studies included, and this may affect the quality of the article's report. The participation of the developer or creator of the tool in the studies included may have contributed to bias on the discussion of results as emphasizing on positive topics and suppressing negative results [136]. Only the Knox PPS was found to minimize the impact of the author's bias; all studies included on Knox PPS have little or no involvement of the original developer of the tool. The participation of the original developer has its advantages as encouraging promotion and research on the particular tool, but can be associated with challenges such as the aforementioned prejudices. Therefore,Conflict of interest and dissemination of funds should be adequately addressed [137]. Readers should carefully evaluate the information to ensure the achievement of a neutral decision. Clinical utility is another aspect that should be considered further of property of a tool. Although this review does not widely the search for clinical utilities, most instruments incorporated a report on the clinical utility of instruments such as the Chippi (see Pfeifer et al. [120]). Some tools, as proof of spot reported clinical utility in a separate publication [138]. Clinical utilization aspects that justify the attention by researchers are appropriateness (for example, the importance of clinical decision making and the impact on the existing treatment process), accessibility (for example, cost-effectiveness, availability and the support of peer-professionals and organizations), practicality (for example, the suitability through settings and professional and training requirement), and acceptability (for example, ethical, social, psychological or concern) [139]. Most publications reported the duration of the administration and training requirement. However, explicit clinical utility must be indicated together with the publication of psychometric properties of the instruments. This will allow you to increase the relevance of the tools to be used for Practitioners.Majority to play instruments focused on preschool and children in drowskin; limited for newborns, children, and children. And negligible for adolescents. While the game is known as the dominant activity for children, its essence is available throughout the life of life [6, 140, 141]. The populations are a bit neglected denied their right to the game. Other disciplines as psychology have considered this approach carefully. For example, the fair questionnaire game is a generic tool that evaluates the social and ethical opportunities of adolescents in participation game especially in a structured game [86]. Other studies examined the tools to evaluate the juggling among older people [83, 99]. As the development phases become more ripe like teenagers and adults, a game concept usually inhibited and replaced with leisure time [140], and here that the game evaluation is not a priority. For example, Henry [60] and Trottier et al. [63] examined the instrument on aspects of adolescents' leisure as this concept becomes the main objective compared to playing during this phase of life. However, game element should continue to be investigated through Lifespan 4.1. Implications for PracticesPlay is supported as a complex construct and influenced by relative multidimensionality. Only a rigby and gaik study [121] studied the stability to measure the game in different settings (ie the house, the community, and the school), which found that it can affect the playful but not exclusive experience For the specific type of setting. For example, a child can experience the highest level of play at home and lower at school, while another child can experience the opposite. Another study conducted by Kielhofner et al. [41] They showed that the environmental setting and involved staff contribute significantly to the quality of the game. This justifies an attention to consider the environment as a mediation factor. So, among the game tools can be found in this review, T-Tum has successfully addressed the issue of environmental effects, but can request further investigation. On the other hand, a study conducted by Hyndman et al. [100] Indicate that the perception of the game varies between days in a week and varies on the perception level of happiness before and after the game. This aspect has not been widely designed in each employment therapy reproduction tool. This information must be considered crucial, when the game assessment activity to guarantee coherent result and practice interpretation in, practitioners require a tool in To provide information on a wide range of aspects, requires minimal training and low administrative burdens, and is easy to interpret [21, 142]. However, employment therapy operators should consider both characteristics (ie, skills) and quality characteristics (ie, enjoyment) on the game both during evaluation or intervention. Planning a game activity as the intervention intervention o inhibit customer progression depending on the adequacy of planning. Using an appropriate standardized evaluation is one of the ways to facilitate the correct and test-based planning [21]. Having a good standardized assessment can provide confidence to professionals in the rationalization of the service [19, 20]. However, the game is associated with various ambiguities, and the current development of existing tools in play is limited to a small part of the game as mentioned by Bundy [17] â€³ " reduce the game to skills "(p. 99) â€³ " which is not able to provide a holistic picture on the customer's playing condition. To deal with current limitations, professionals should exercise good clinical reasoning capabilities. The synchronization of the objective result (ie, a standardized evaluation result) with clinical reasoning (ie, values and beliefs) strengthen the planning that benefits from the customer [6, 17, 143]. Therefore, professionals should combine the results of the instrument with clinical reasoning for better service. 4.2. Restrictions and recommendations This systematic review has identified limitations to note. First, the items included were obtained only from newspaper publications, and therefore, the tests on the psychometric properties of the instrument may not be complete. Different psychometric elements, such as the validity of the contents, can be available in the book manual tools as Chippi [144]. Several tools are available only in gray literature format that is not captured when searching. For example, the Kid and Preten Play Profile can be found in a book [145]. Secondly, the review included only the publication in English. Several articles found in this review were in foreign languages but excluded due to the limited capacity to understand the articles. This is associated with disadvantages involving tools that provide more psychometric tests, especially on intercultural applicability. Third, some psychometric properties of the instrument are briefly reported as a small part of the original study (see, for example, Okimoto et al. [130]), which compromise the reporting on quality and incapacity to provide a detailed description of the Psychometric tests. Fourth, the use of the TERWEE control list is not yet sufficiently complete to illustrate the type of psychometric properties available. Even the COSMIN taxonomy [132] does not provide the vast type of validity and reliability available. According to the law and MacDermid [24], more than 25 types of validity and reliability are found. Therefore, future research can seek to investigate other types of validity and reliability that can be added to the number of psychometric tests of instruments in addition to existing ones. However, this review can provide a complete guideline for professionals to select an appropriate game tool in practice.5. Game ratings are available for professional therapists used in practice. The result of the standardized game tool can convince stakeholders and customers to change their perception on the game as the main objective for the rehabilitation of children. However, the current development of the game tools is immature and constantly evolving. The available tools are constantly developed and continue to be improved. Nevertheless, different tools like the preschool reproach scale Revised Knox is adequately used as a complete gaming of the game for the Extrinseca perspective of the game. The proof of Playfulness + Unaffected Environmental Sustainability Test Measure is promising in the evaluation of intrinsic play prospects. Because both tools used an observation approach, My Child's Play is a potential tool for a reported result based on questionnaires. However, professionals must consider different aspects such as customer needs, support and structure condition and exercise good clinical reasoning when selecting a tool for use. Interest conflicts Authors do not declare conflictsInterest. DEACKNOWLEDGMENTSIL Protocol for this systematic review was recorded on INPLASY (202040156) and is available in full at (doi: 10.37766 / inplys/2020.4.0156) and on Prospero (CRD42020170370). There were no requirements for an ethical review of this document since no human participant was involved. Vintage cover Â© 2020 Muhammad Hibatullah Romli and Farahiyah Wan Yunus. This is an open access item distributed with the Creative Commons Attribution license, which allows unlimited use, distribution and reproduction in any means, provided that the original work is correctly mentioned, quoted.

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