Adolescent Healthcare Transition Training Evaluation

1. Have you ever taken this training before? **Yes No**

1. Do you feel you had a change in knowledge about

adolescent healthcare transition after you took this training? **Yes No**

1. What do you feel will be your biggest challenge for making a plan for healthcare as an adult?

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1. What was the most important thing you learnt healthcare transition from this training?

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1. Is there anything else you would like to add to your evaluation relating to this training?

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Thank you for taking the time to complete this evaluation. Your answers will help improve future training on this topic.

For more information or to ask questions about adolescent healthcare transition please contact:

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