Advisory Group Information Sheet

Name_____
_____

Name I prefer to go
by_____

Tell me about your family/support system:
_____

_____
_____

_____
_____

Hospital Experience Y N Job: _____ FT / PT / OC

What do you do for self-care?
_____

What are your study habits?
_____

What are your goals for this module?
_____

_____
_____

What do I need to know to help you be successful in this module?
_____

_____
_____
_____

What past experiences may trigger you, related to our content, that you would like me to be aware of?
_____

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