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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