
In Transition: Moving on...with Diabetes

EVALUATION FORM

LOCATION: _____

DATE & TIME: _____

**Please take this time to provide feedback about the event.
Your input will help improve future transition resources and information sessions.**

Are you...

Youth/young adult participant *Age: _____

Friend participant

Parent participant

1. Do you feel more informed about why a planned transition is important?

Yes No

What is one reason a planned transition is important?

2. Do you feel you have gained a better understanding of what to expect in an adult Diabetes Center or with an adult specialist?

Yes No

What do you think will be the biggest change/difference for you?

3. Do you feel the discussions that we had today from the handbook and about transition were helpful?

Yes No

What information was most helpful?

(see other side)

4. What did you like most about the event?

5. What could have improved the event?

6. What additional issues/topics would you have liked to discuss during tonight's event?

7. What additional transition resources would be helpful for you as a young person with type 1 diabetes?

8. How did you find out about this event?

Yes, I would like to hear more about any upcoming Diabetes events!

Name: _____

Phone Number: _____

Email Address: _____

No, I do not wish to hear about any upcoming events.

Thank you for coming to the **In Transition
Moving On... With Diabetes** event!