

Table B-1. Abstract screening form

Abstract Screening Form Technical Brief Transition Care for Children with Special Health Needs			
First Author, Year: _____		Reference # _____	
Primary Inclusion/Exclusion Criteria			
1. Population is children (youth)	Yes	No	Cannot Determine
2. Population with special health need (excluding end of life, palliative care, and cancer)	Yes	No	Cannot Determine
3. Addresses transition care from pediatric to adult	Yes	No	Cannot Determine
4. Health care setting	Yes	No	Cannot Determine
5. Reports original research	Yes	No	Cannot Determine
6. Addresses a guiding question	Yes	No	Cannot Determine
<p>Retain for: _____ BACKGROUND/DISCUSSION _____ REVIEW OF REFERENCES _____ Other _____</p>			
<p>COMMENTS :</p>			