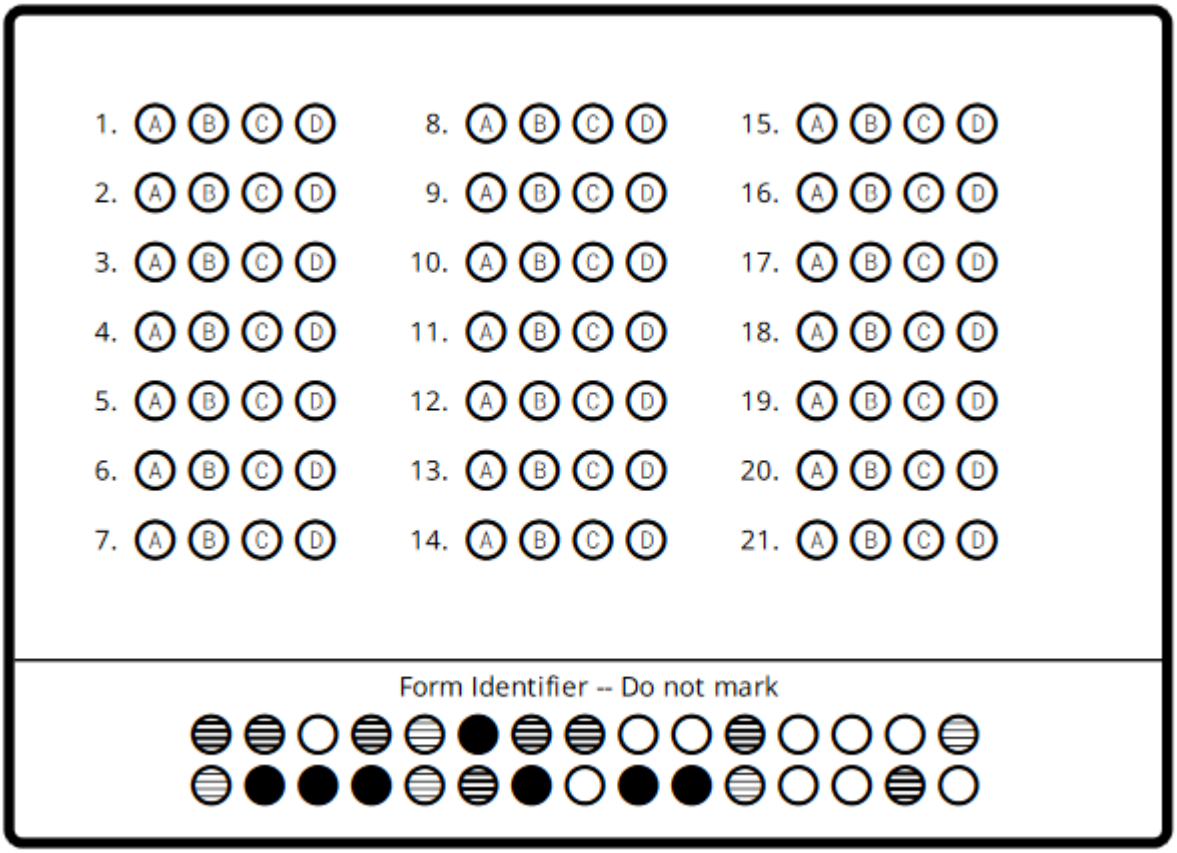
Florida Health Literacy Grant Initiative

2018 Post-Assessment for Staying Healthy Intermediate

Student First Name_____

Student Last Name _____

Organization Code_____

Please record answers on this answer sheet. Read each test question and fill in the answer circle that has the letter of the correct answer.
Lea cada pregunta y llene el círculo con la letra que corresponde con la respuesta correcta.