

Transition Check List

Learner

- Youth
- Parent/Guardian
- Other

| | HEALTH CARE | | | | Action step | Date achieved |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------|---------------|
| | Received information | Initial visit - | | | | |
| | | Needs help | Does now | Doesn't apply | | |
| Managing Medical Condition | | | | | | |
| Able to describe medical condition/disability. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Identifies changes/symptoms caused by condition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Recognizes how illness impacts daily life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows how to access information about medical condition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Takes care of medical condition independently at home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Schedules and keeps track of doctor's appointments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Keeps a list of health care providers and their phone numbers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows how to access medical records. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Calls doctor/nurse when having problems or needs to give a progress report. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows who to call in an emergency and carries the number. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Follows the plan of care recommended by doctor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has a copy of a summary of medical information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Understands the basics of nutrition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Understands the dangers of smoking, alcohol and other drug use. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Understands sexuality, pregnancy and birth control. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Kids deserve the best.

| HEALTH CARE | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------|---------------|
| | Received information | Initial visit - _____ | | | Action step | Date achieved |
| | | Needs help | Does now | Doesn't apply | | |
| Managing Medications | | | | | | |
| Knows the name and purpose of medicine(s). Know how and when to take them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Takes medicine(s) independently without help from parent. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows how to get medications filled without parents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Calls doctor/nurse when in need of prescription refills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Managing Equipment/Supplies | | | <input type="checkbox"/> | | | |
| Knows how to care for any special equipment or supplies needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows how to order medical supplies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Adult Decision Making | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Writes down questions for doctor/nurse before appointment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Talks with doctor/nurse during part of the appointment without parent present. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has talked with doctor/nurse about potential adult doctors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows about having an Advanced Directive/Power of Attorney for Healthcare. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Is able to speak up for self. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows about signing a form that will allow doctors to talk to parents after age 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Caregiver has applied for guardianship. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | |

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| ADULT SERVICES | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------|---------------|
| | Initial visit - _____ | | | | Action step | Date achieved |
| | Received information | Needs help | Does now | Doesn't apply | | |
| Knows what community agencies can support patient as an adult. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows what nursing services will be needed and how to get it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows what assistive technology is needed and how to get it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has applied for Family Care or IRIS with the Aging and Disability Resource Center 6 months before turning 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows what Day Services Programs will be available after age 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Power of attorney issues for healthcare and finance have been addressed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| FINANCIAL | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------|---------------|
| | Initial visit - _____ | | | | Action step | Date achieved |
| | Received information | Needs help | Does now | Doesn't apply | | |
| Knows how to manage money. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows about a special needs trust fund. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows what a having a guardian means. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has applied for Social Security Administration programs and waiver programs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Always has insurance card and other important information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Is familiar with co-pays, deductibles, provider network. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows how to access additional health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| FINANCIAL | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------|---------------|
| | Initial visit - _____ | | | | Action step | Date achieved |
| | Received information | Needs help | Does now | Doesn't apply | | |
| insurance coverage information. | | | | | | |
| Knows how to access information about extending insurance beyond the age of 26 for an adult child with disabilities through the employer's health plan. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows how to access CHW & MCW financial counseling and assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| EDUCATION | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------|---------------|
| | Initial visit - _____ | | | | Action step | Date achieved |
| | Received information | Needs help | Does now | Doesn't apply | | |
| Takes part in IEP (Individualized Education Plan) meetings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows what services should be received through the school (e.g. IEP, 504) to help transition to adult life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Is gathering information about educational options after high school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows about taking the SAT or ACT. Knows how to ask for special help taking the test. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has contacted the Disability Services office at the college I plan to attend. Has talked to them about their needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has requested an updated psychological evaluation prior to attending college. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has contacted counselor at the Division of Vocational Rehabilitation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| EMPLOYMENT | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------|---------------|
| | Initial visit - | | | | Action step | Date achieved |
| | Received information | Needs help | Does now | Doesn't apply | | |
| Has thought about possible careers and looked for information about those careers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Knows how to contact a DVR representative to find out what services are available through the Division of Vocational Rehabilitation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has taken tests at high school to find out to find out what careers might be best. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has volunteered or been paid for a job. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has completed a work experience. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Can write a resume and complete a job application. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has the ability to participate in household chores | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Currently employed or pursuing employment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Has knowledge about the FMLA program and its usage. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| TRANSPORTATION | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------|---------------|
| | Initial visit - | | | | Action step | Date achieved |
| | Received information | Needs help | Does now | Doesn't apply | | |
| Knows how to get from place to place. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Contacts the transportation company to arrange a ride to appointments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Planning to obtain or has drivers license. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| RECREATION | | | | | | |
|---|------------------------------|--------------------------|--------------------------|--------------------------|--------------------|----------------------|
| | Initial visit - _____ | | | | Action step | Date achieved |
| | Received information | Needs help | Does now | Doesn't apply | | |
| Takes part in leisure and recreational activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Takes part in activities with a group of peers/friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Invites friends over. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Attends school or work social functions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Other needs