

Name:

Transition Worksheet

Birthdate:



DIVISION OF SPECIALIZED CARE
FOR CHILDREN

Youth's Name:

Youth's Age:

Date Sent:

DSCC #:



This worksheet is to help you plan for your adulthood. Please check the boxes below that apply to you at this time.

YOUTH

Medical

I understand my medical condition.

I have planned for my:

Special medical care.

Primary medical care.

Dental care.

I am able to:

Make my appointments

Refill my medications/supplies

Manage my medications

Describe my medical condition

Perform my own medical care/daily treatments

Consent to medical care (guardianship)

Independent Living

As an Adult, I will live with:

Self

Parents

Manage my medications

Group home

Campus/dormitory

Long term care facility

I am able to:

Care for my personal needs

Advocate for myself

I will need transportation for:

Shopping

School

Medical appointments

Recreation

Work

Transportation will be provided by:

Self

Agencies

Family Members

Public transportation

Medicar

Adapted van



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Education

- I know my interests, skills, strengths
- I know the education goals on my transition plan
- I understand my educational rights: (504, IDEA, ADA)
- I am happy with the services I am receiving

Financial

My medical care will be paid for by:

- | | |
|-------------------|------------|
| Self | CHIP |
| Insurance | SSI |
| Medicaid/Medicare | Trust/Will |

I am able to:

- | | |
|---------------------------|--------------------------|
| Pay Bills | Budget |
| Manage a credit card | Manage a savings account |
| Manage a checking account | Make financial decisions |

Employment/Vocational

I know my interests, skills, strengths

I have prepared for work by:

- | | |
|--------------------|---------------|
| Household chores | Part-time job |
| Work study program | Job shadowing |
| Volunteering | Odd jobs |

After high school I will enter:

- | | |
|----------------------|----------------------|
| Full-time employment | Part-time employment |
| Apprenticeships | Supported employment |
| Continuing education | Sheltered workshop |

Social/Recreational

For fun I enjoy

I have the social skills to:

- | | |
|----------------------|----------------|
| Request assistance | Talk on phone |
| Plan an event | Place an order |
| Register a complaint | Be interviewed |

I know the right way to:

- | | |
|-------------------|-----------|
| An employer | Peers |
| Significant other | Friends |
| Clerk | Strangers |
| Teacher | |



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Social/Recreational - Continued

I am prepared for a family of my own.

I would like to have more information about

Insurance
Medicaid
SSI

Independent Living
Transportation
School

Vocational Rehab
College Disability Support Services
Social/Recreational

Comments