



Youth's Name: _____

Youth's Age: _____

Date Sent: _____

DSCC #: _____

This worksheet is to help you with planning for your son/daughter's adulthood. Please check the boxes below that apply to you at this time.

PARENT

Medical

I understand my child's medical condition

I have planned for my child's:

Specialty medical care

Primary medical care

Dental care

My child is able to:

Make appointments

Describe his/her medical condition

Refill medications/supplies

Perform his/her medical care/daily treatments

Manage medications

Consent to medical care (guardianship)

Independent Living

As an adult, my child will live with:

Self

Group home

Parents

Campus/dormitory

Other family members

Long-term care facility

My child is able to:

Care for his/her personal needs

Advocate for himself/herself

My child will need transportation for:

Shopping

Recreation

School

Work

Medical appointments

Transportation will be provided by:

Self

Public transportation

Agencies

Medica

Family members

Adapted van

Education

I know my child's interests, skills, strengths

I know my child's education goals on the transition plan

I understand my child's educational rights: (504, IDEA, ADA)

I am happy with the services my child is receiving

PARENT

Financial

My child's medical care will be paid for by:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> CHIP |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Medicaid/Medicare | <input type="checkbox"/> Trust/Will |

My child is able to:

- | | |
|--|---|
| <input type="checkbox"/> Pay bills | <input type="checkbox"/> Budget |
| <input type="checkbox"/> Manage a credit card | <input type="checkbox"/> Manage a savings account |
| <input type="checkbox"/> Manage a checking account | <input type="checkbox"/> Make financial decisions |

Employment/Vocational

- I know my child's interests, skills, strengths

My child has prepared for work by:

- | | |
|---|--|
| <input type="checkbox"/> Household chores | <input type="checkbox"/> Part-time job |
| <input type="checkbox"/> Work study program | <input type="checkbox"/> Job shadowing |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Odd jobs |

After high school my child will enter:

- | | |
|---|---|
| <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Part-time employment |
| <input type="checkbox"/> Apprenticeships | <input type="checkbox"/> Supported employment |
| <input type="checkbox"/> Continuing education | <input type="checkbox"/> Sheltered workshop |

Social Recreational

- For fun, my child enjoys: _____

My child has the social skills to:

- | | |
|---|---|
| <input type="checkbox"/> Request assistance | <input type="checkbox"/> Talk on phone |
| <input type="checkbox"/> Plan an event | <input type="checkbox"/> Place an order |
| <input type="checkbox"/> Register a complaint | <input type="checkbox"/> Be interviewed |

My child knows the right way to relate to:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> An employer | <input type="checkbox"/> Peers |
| <input type="checkbox"/> Significant Other | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Clerk | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Teacher | |

- My child is prepared for a family of his/her own

I Would Like To Have More Information About

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Vocational Rehab |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Transportation | <input type="checkbox"/> College Disability Support Services |
| <input type="checkbox"/> SSI | <input type="checkbox"/> School | <input type="checkbox"/> Social/Recreational |

Comments:

